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Housman et al.

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(54) **COMPOSITE INTERFERENCE SCREWS AND DRIVERS**

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See application file for complete search history.

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A61B 17/04 (2006.01)

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CPC **A61F 2/0811** (2013.01); **A61B 17/0401** (2013.01); **A61B 17/0466** (2013.01);

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(58) **Field of Classification Search**

CPC A61B 17/8645; A61B 17/8875; A61B 17/8877; A61B 17/888; A61B 17/8886; A61B 17/0401; A61B 17/0466; A61B 17/0409

Primary Examiner — Nicholas Woodall

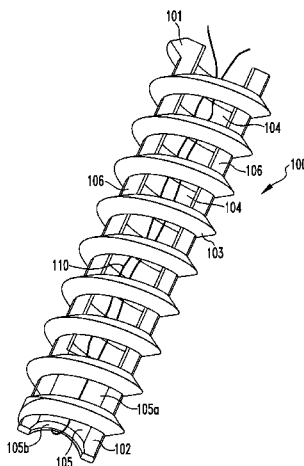
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(57)

ABSTRACT

The present disclosure relates to a delivery device and screw combination. The combination includes a delivery device comprising a handle and a shaft coupled to the handle, the shaft including a proximal end, a distal end, a non-circular cannulation, and markings along a length of the shaft; an interference screw coupled to the delivery device comprising a proximal end and a distal end, the screw including threads extending in an open helical form from the proximal end to the distal end, a suture bridge located at a distal end of the screw and housed within a slot of the delivery device shaft, and a plurality of runners extending longitudinally along an interior of the screw, the runners housed within grooves of the delivery device shaft; and a suture disposed around the suture bridge, ends of the suture extending through the cannulation of the delivery device shaft.

20 Claims, 22 Drawing Sheets



Related U.S. Application Data

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(51) **Int. Cl.**

A61F 2/08 (2006.01)

A61B 17/86 (2006.01)

A61B 17/88 (2006.01)

A61B 19/00 (2006.01)

(52) **U.S. Cl.**

CPC *A61B17/869* (2013.01); *A61B 17/8645* (2013.01); *A61B 17/888* (2013.01); *A61B 17/8875* (2013.01); *A61B 17/8888* (2013.01); *A61F 2/0805* (2013.01); *A61B 17/864* (2013.01); *A61B 2017/0409* (2013.01); *A61B 2017/0441* (2013.01); *A61B 2017/0458* (2013.01); *A61B 2019/462* (2013.01); *A61F 2002/087* (2013.01); *A61F 2002/0841* (2013.01); *A61F 2002/0858* (2013.01); *A61F 2002/0888* (2013.01); *A61F 2210/0004* (2013.01); *A61F 2250/0097* (2013.01)

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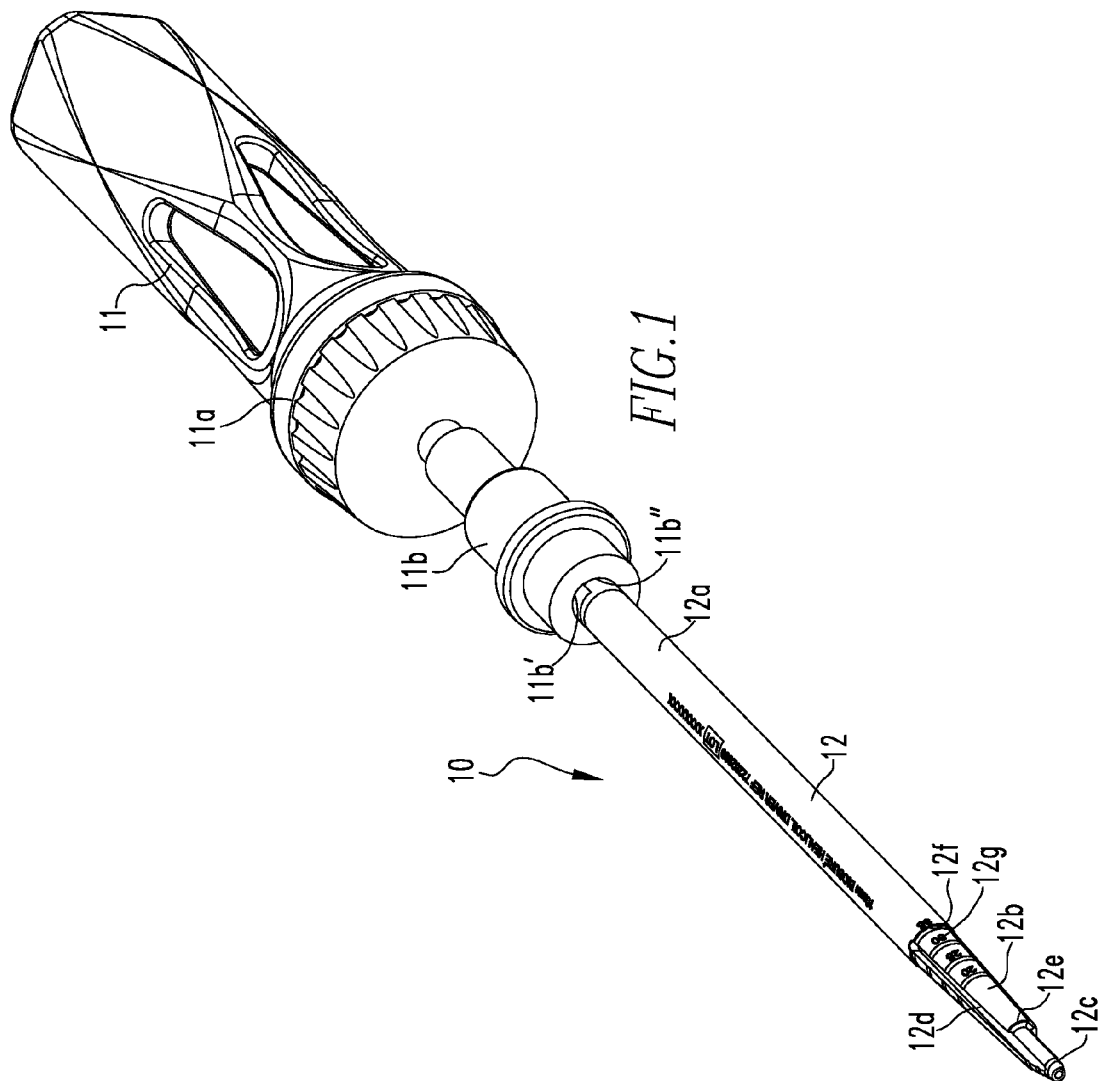
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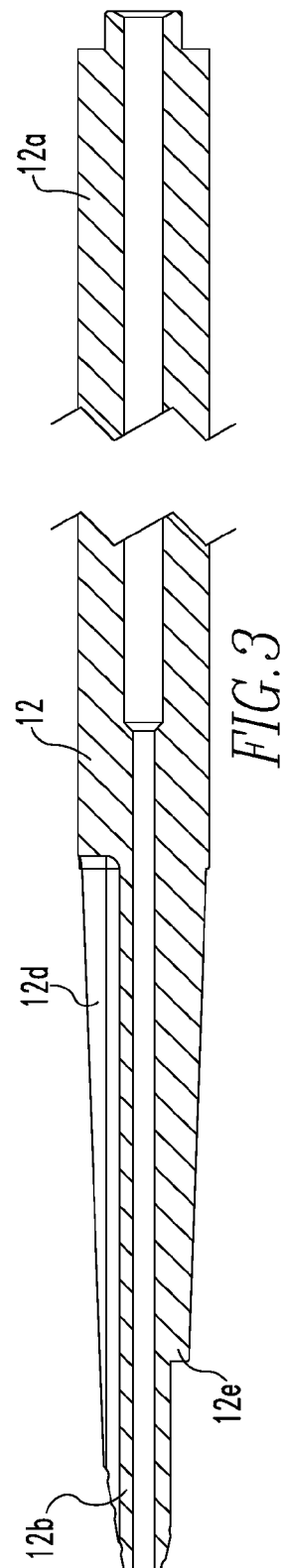
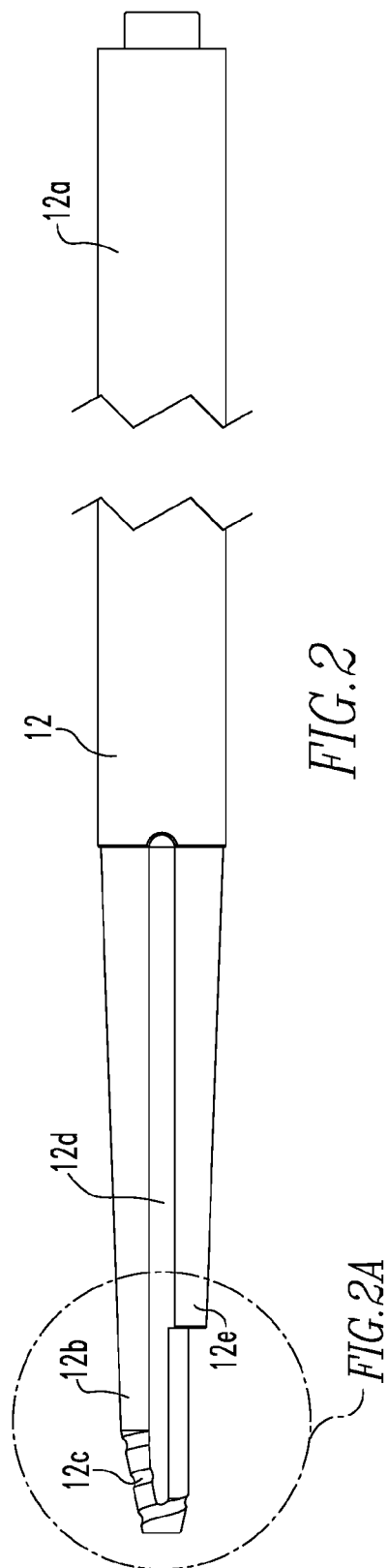
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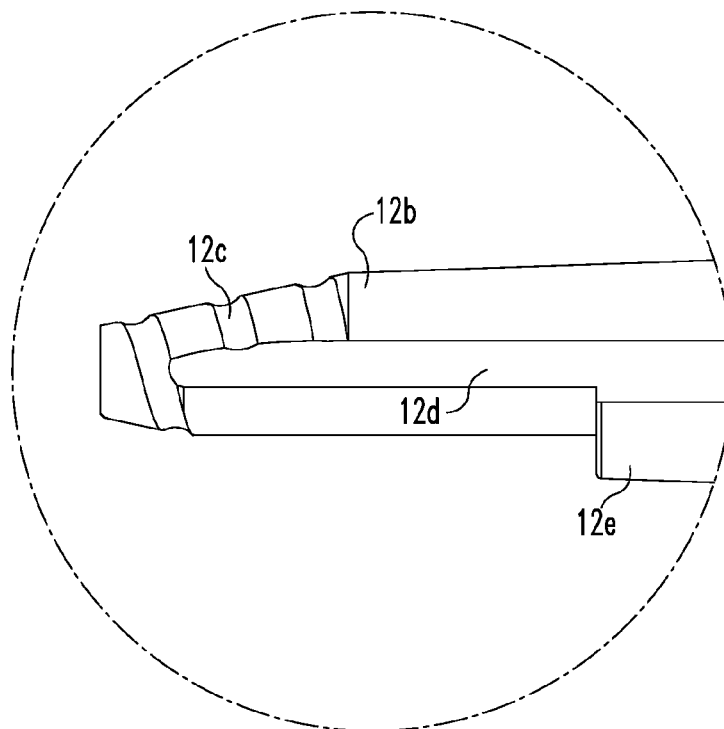


FIG. 2A

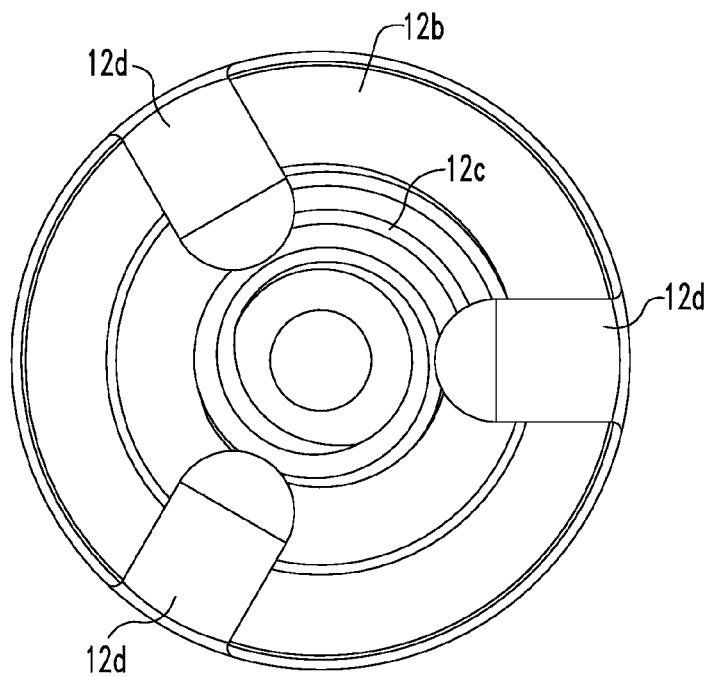
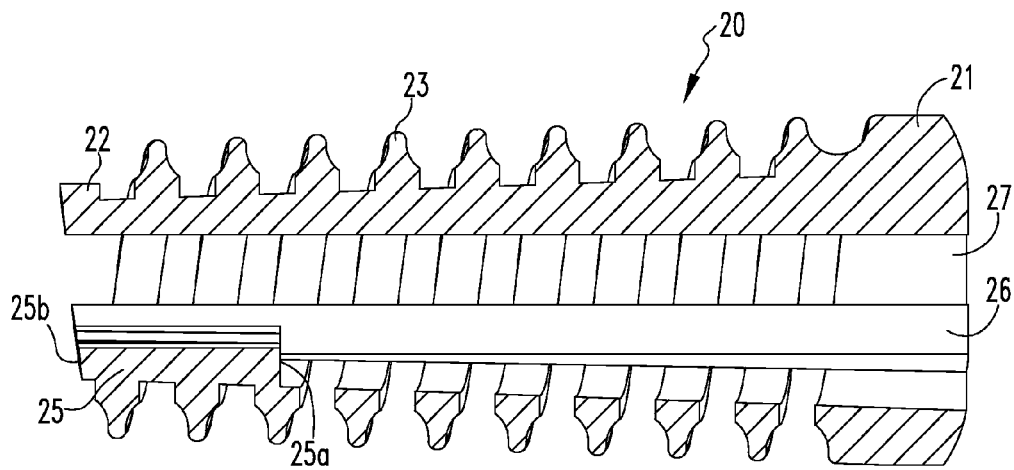
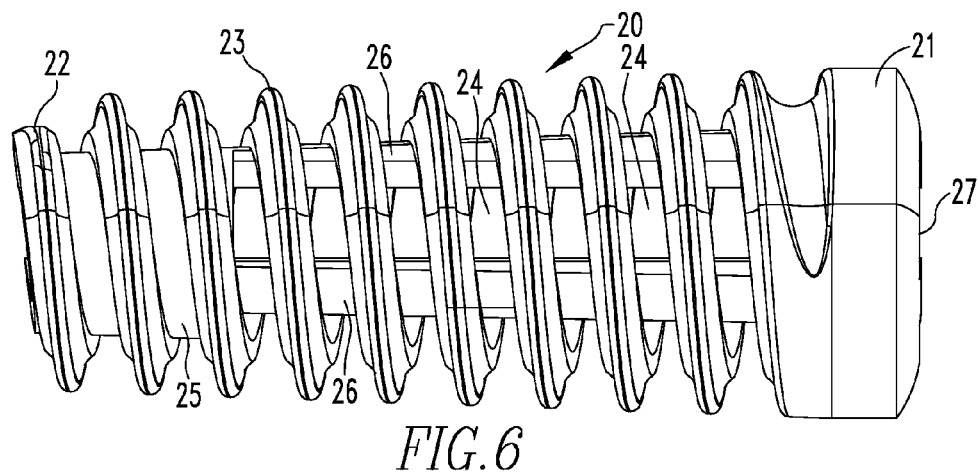
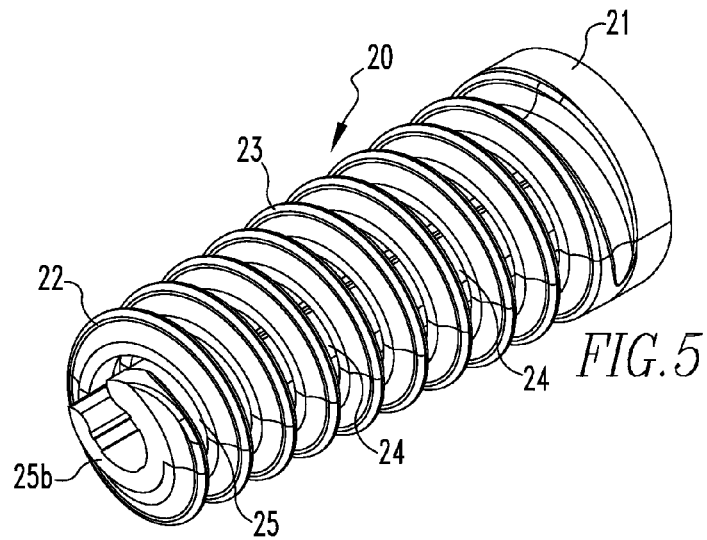
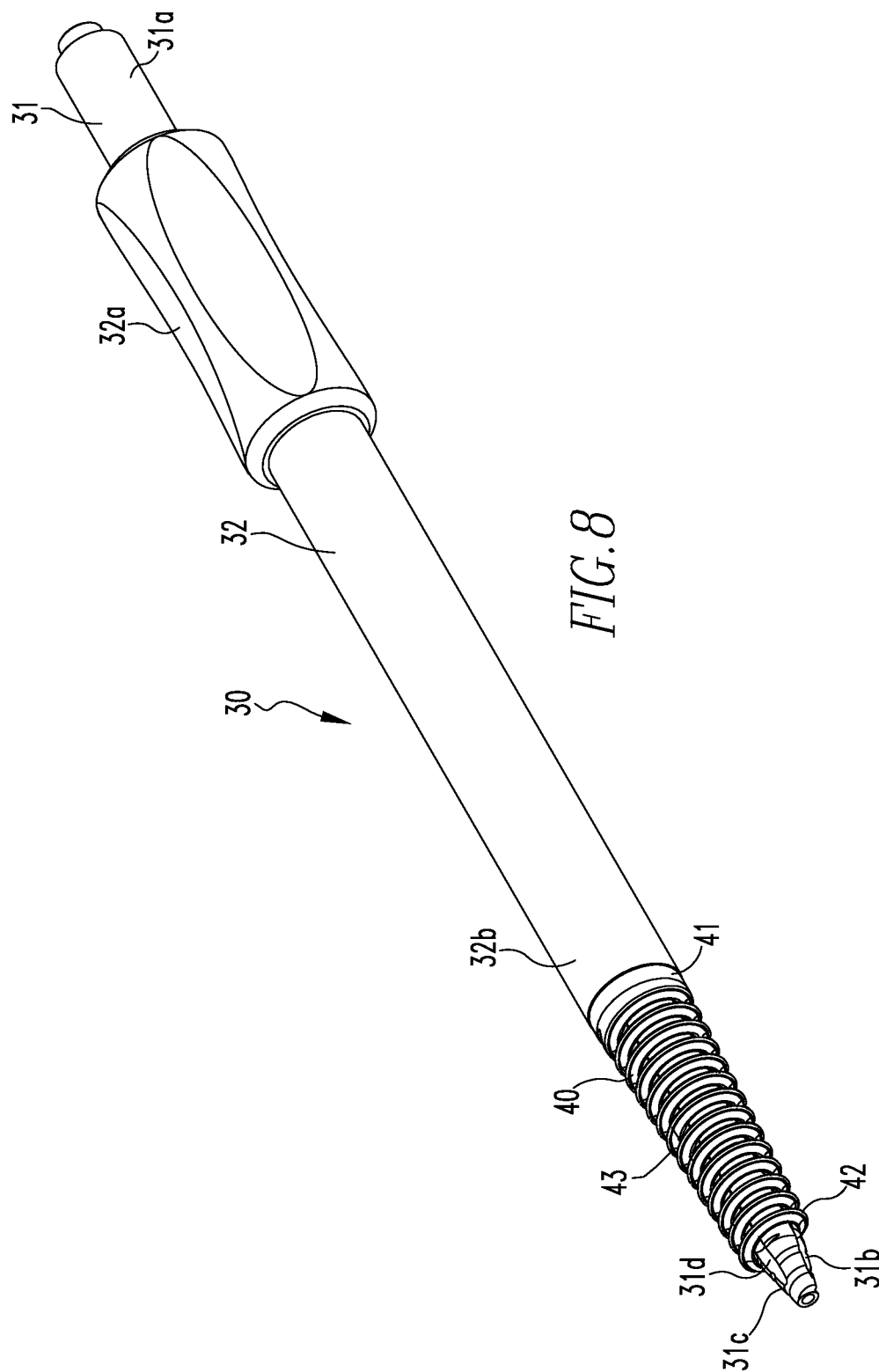
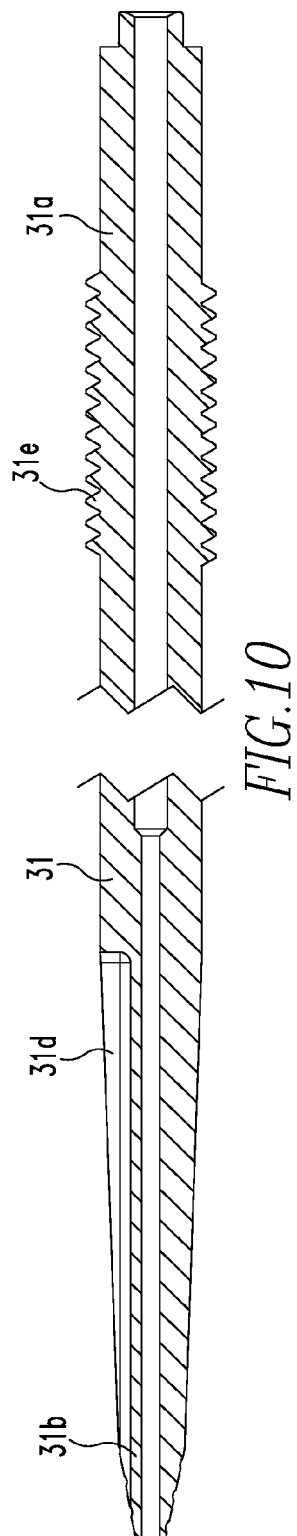
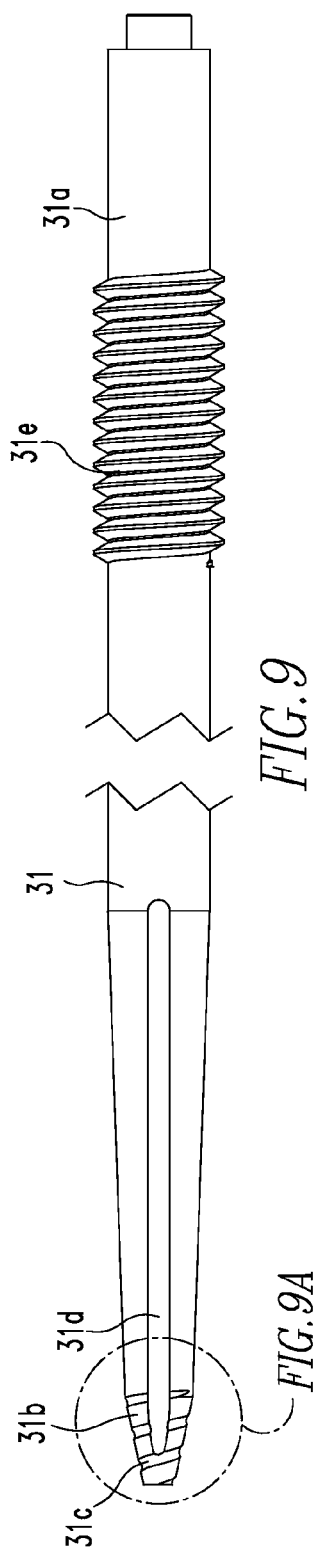


FIG. 4







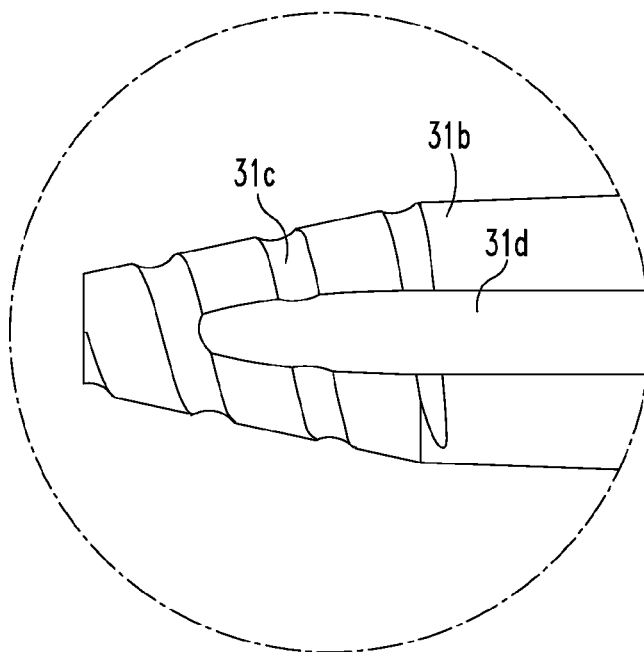


FIG. 9A

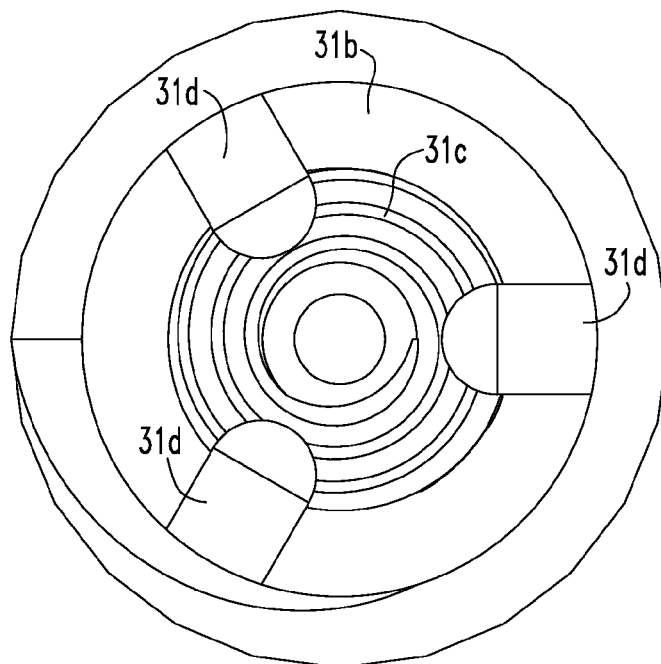
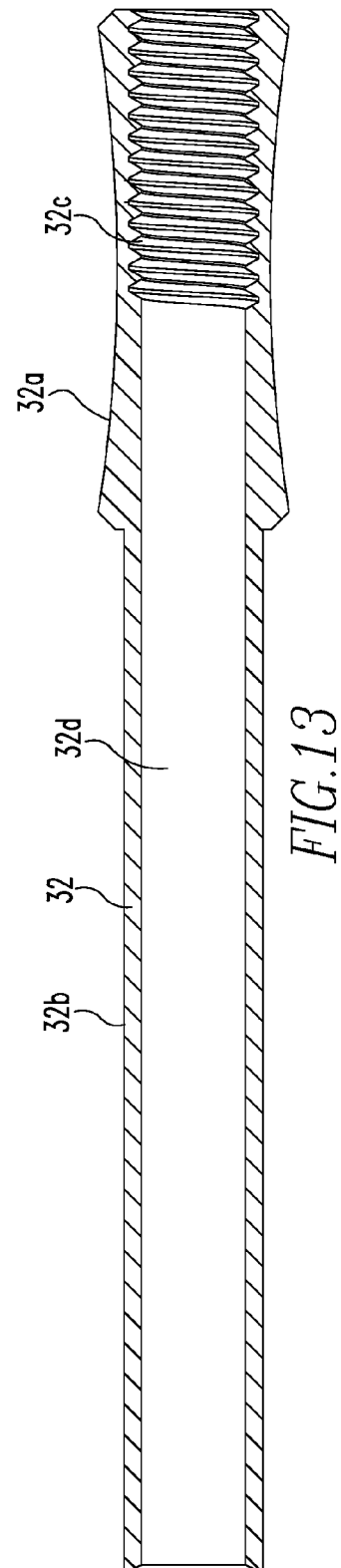
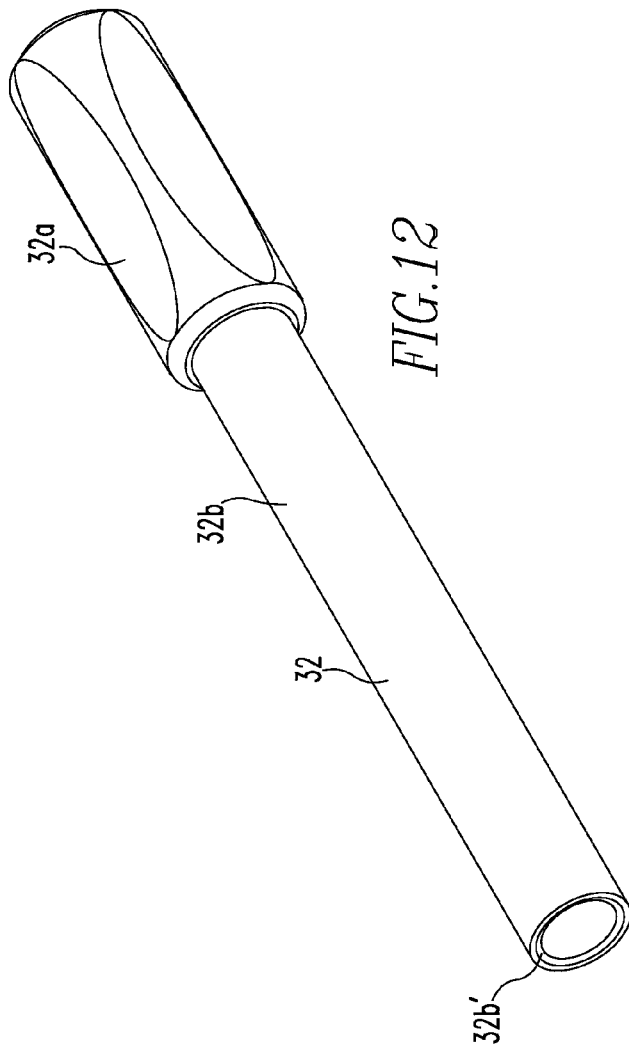
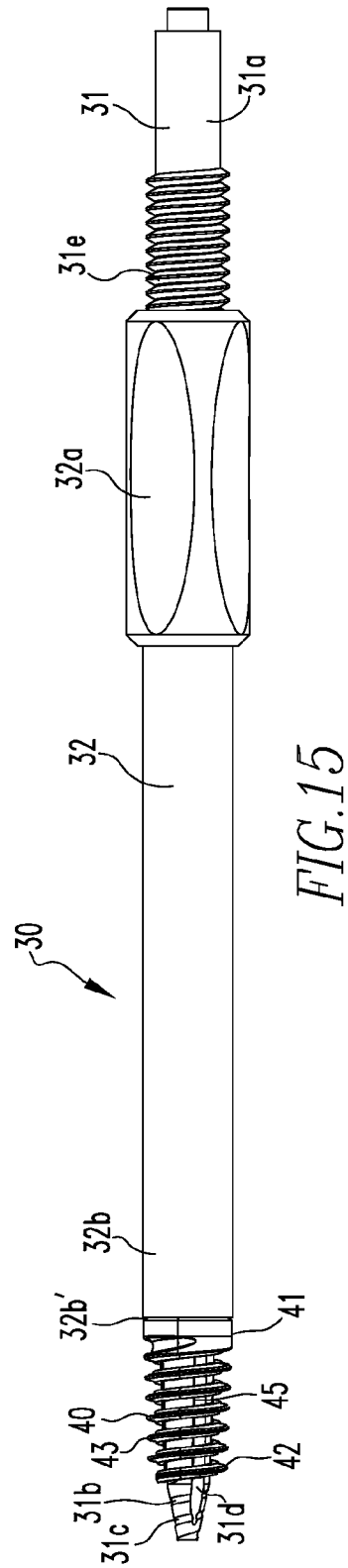
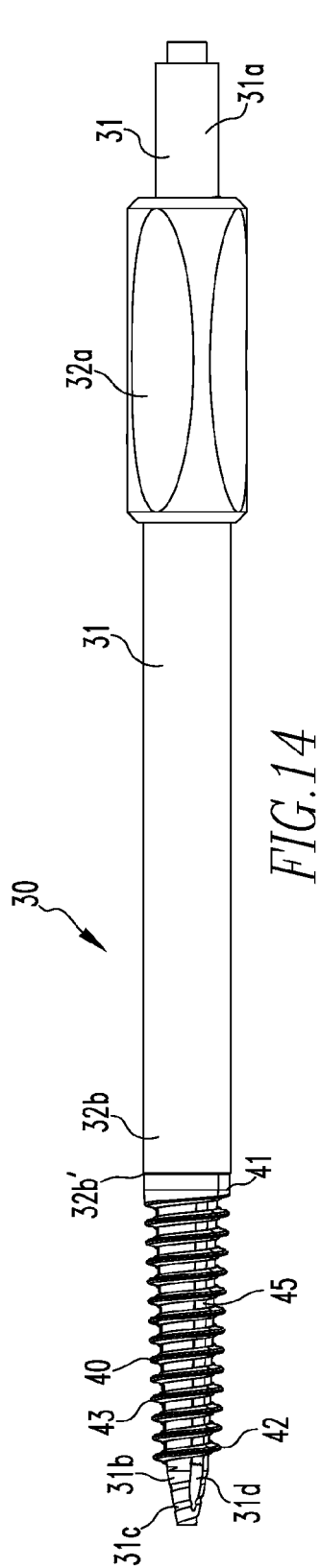
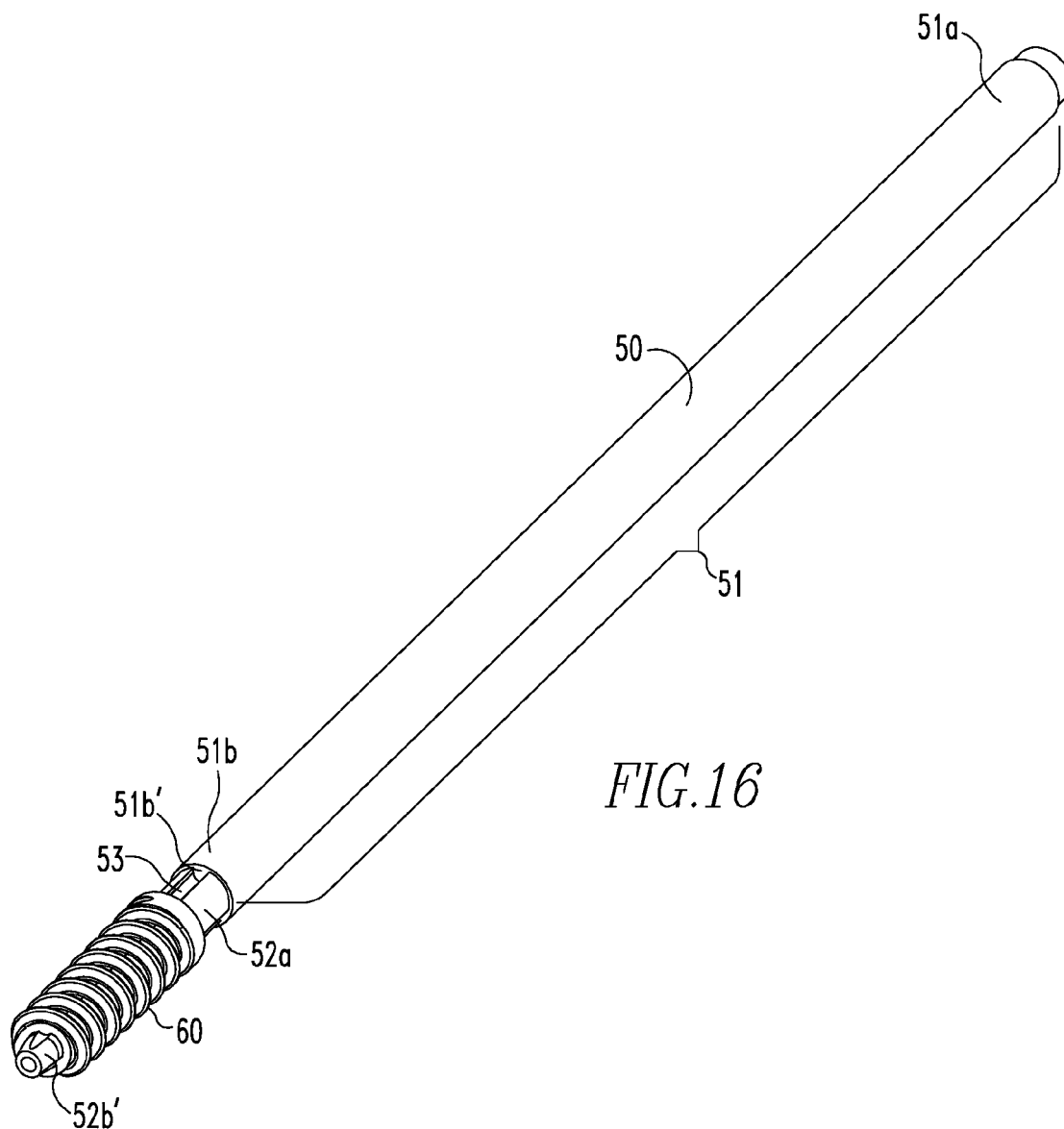
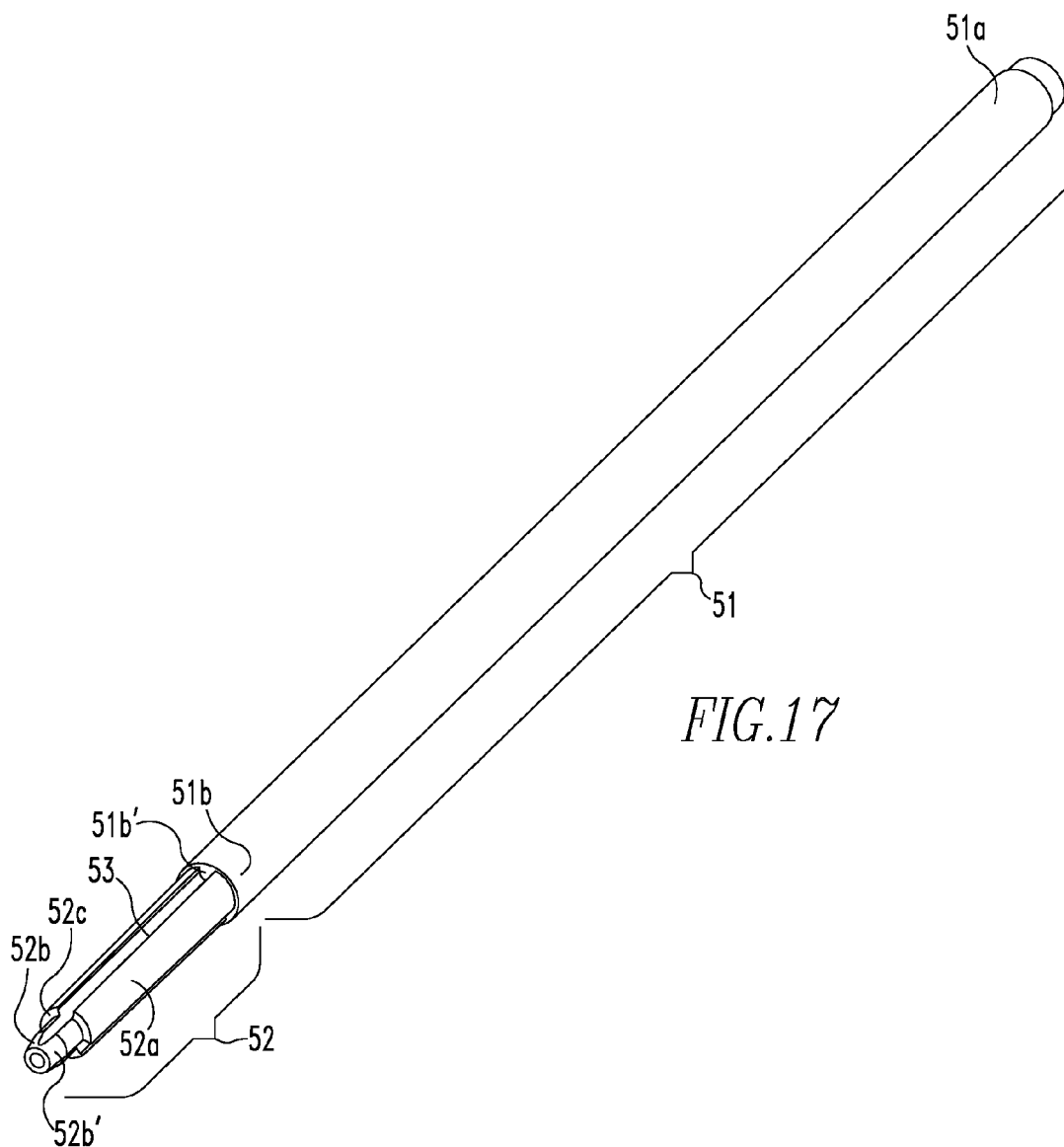


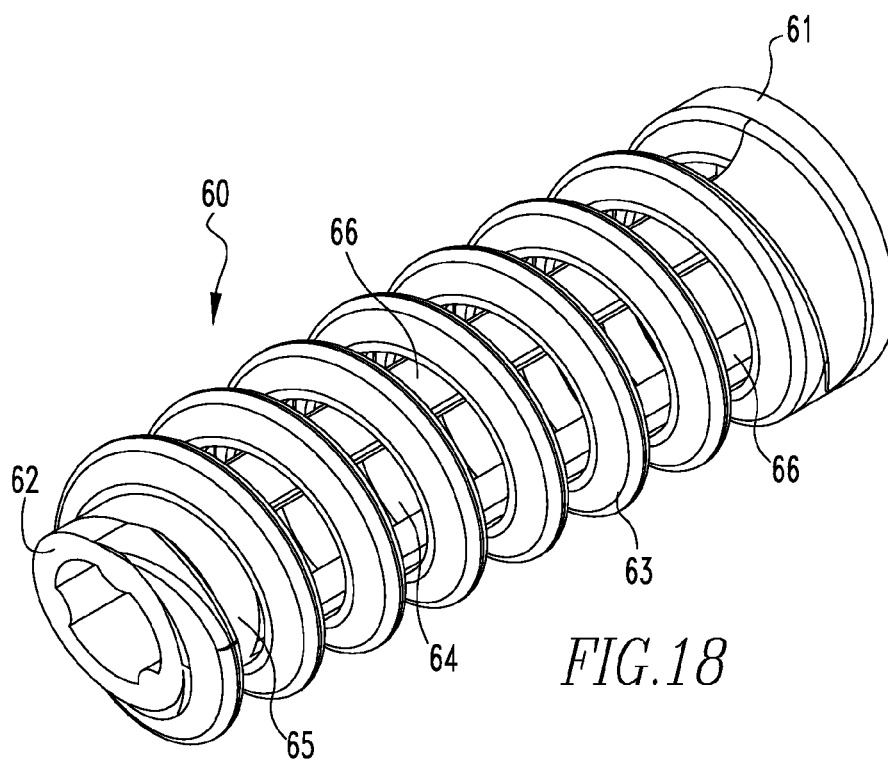
FIG. 11

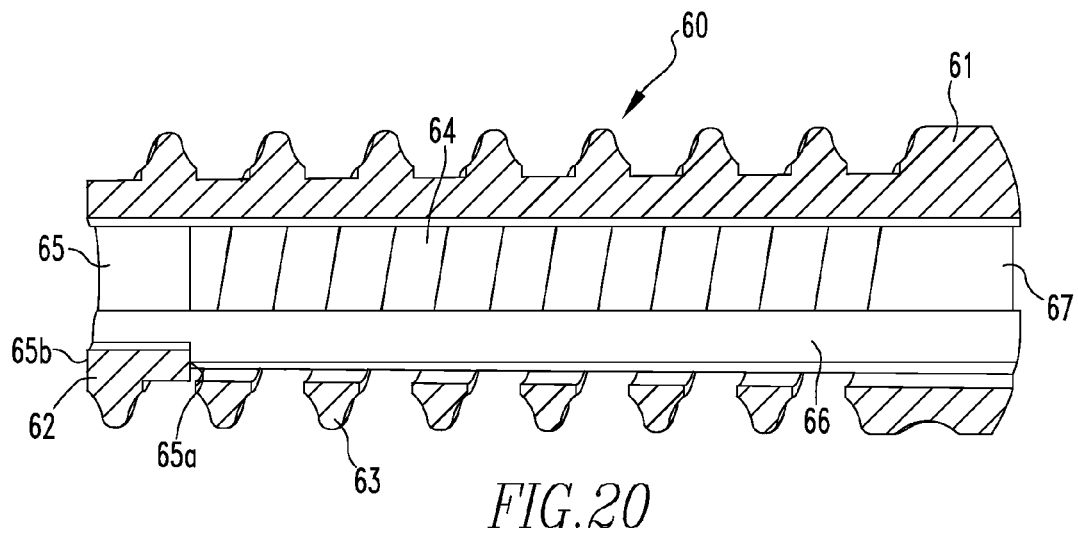
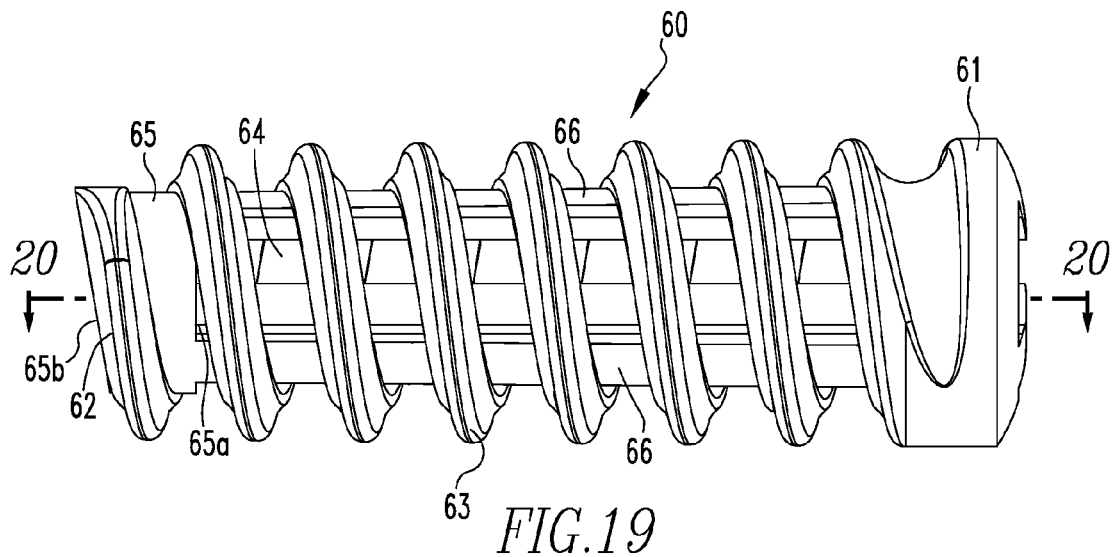


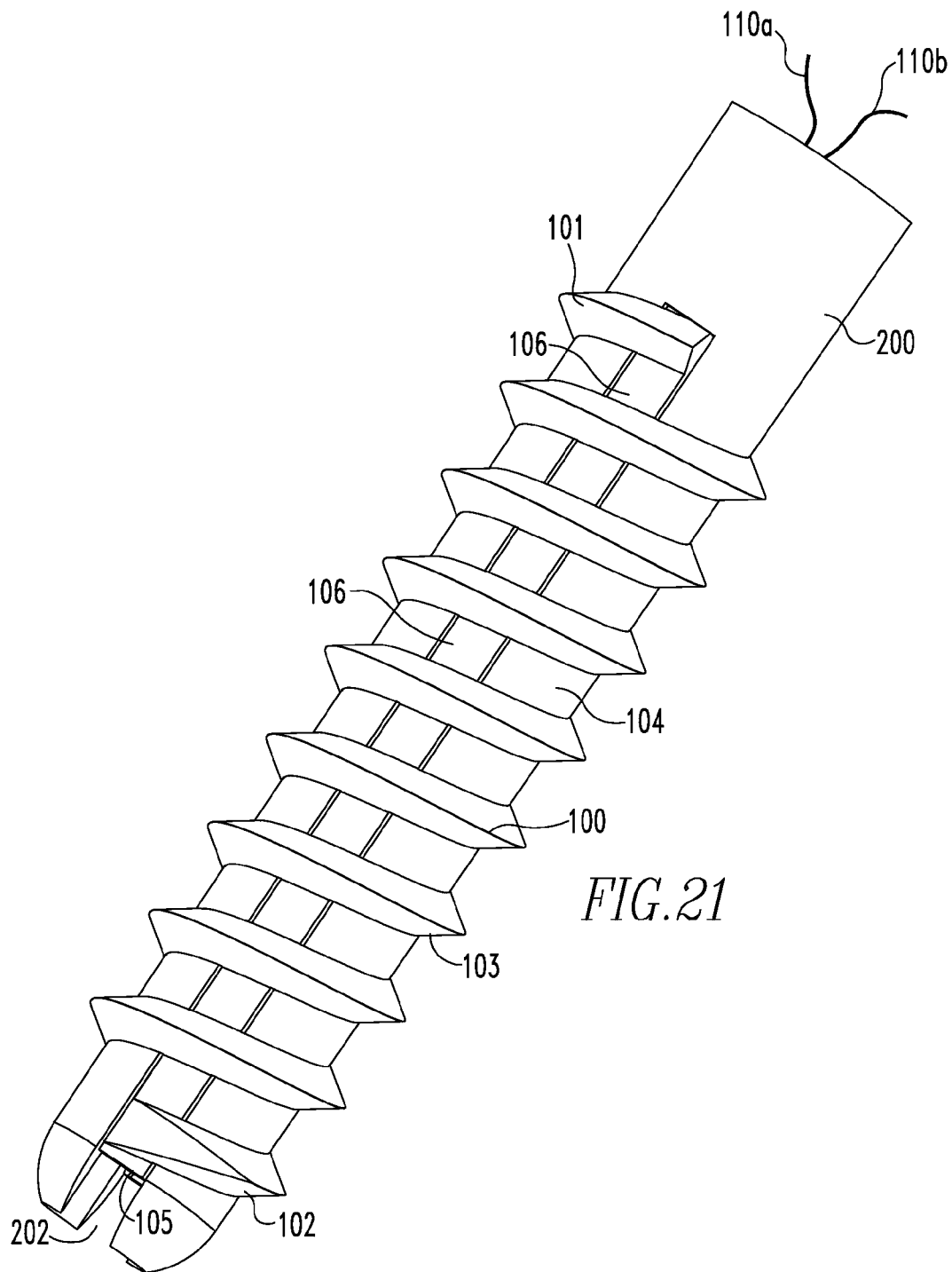


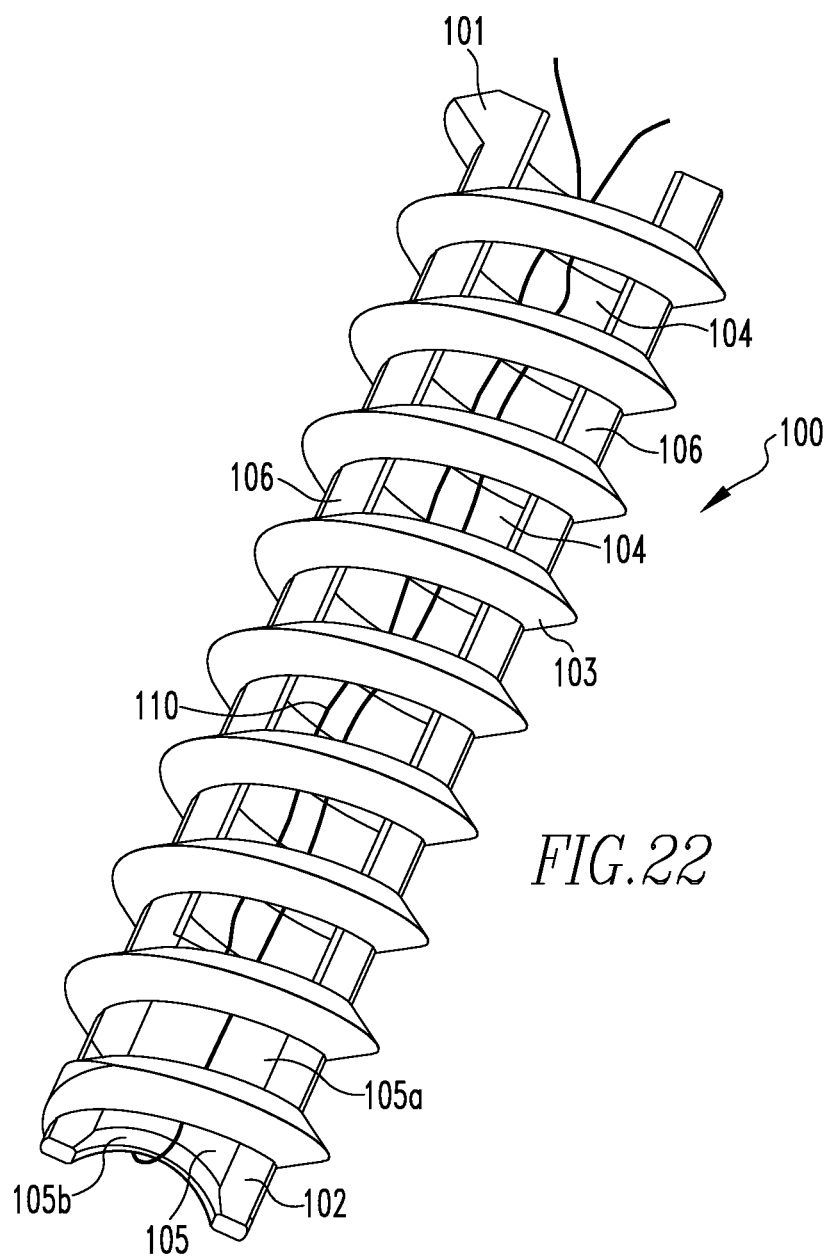


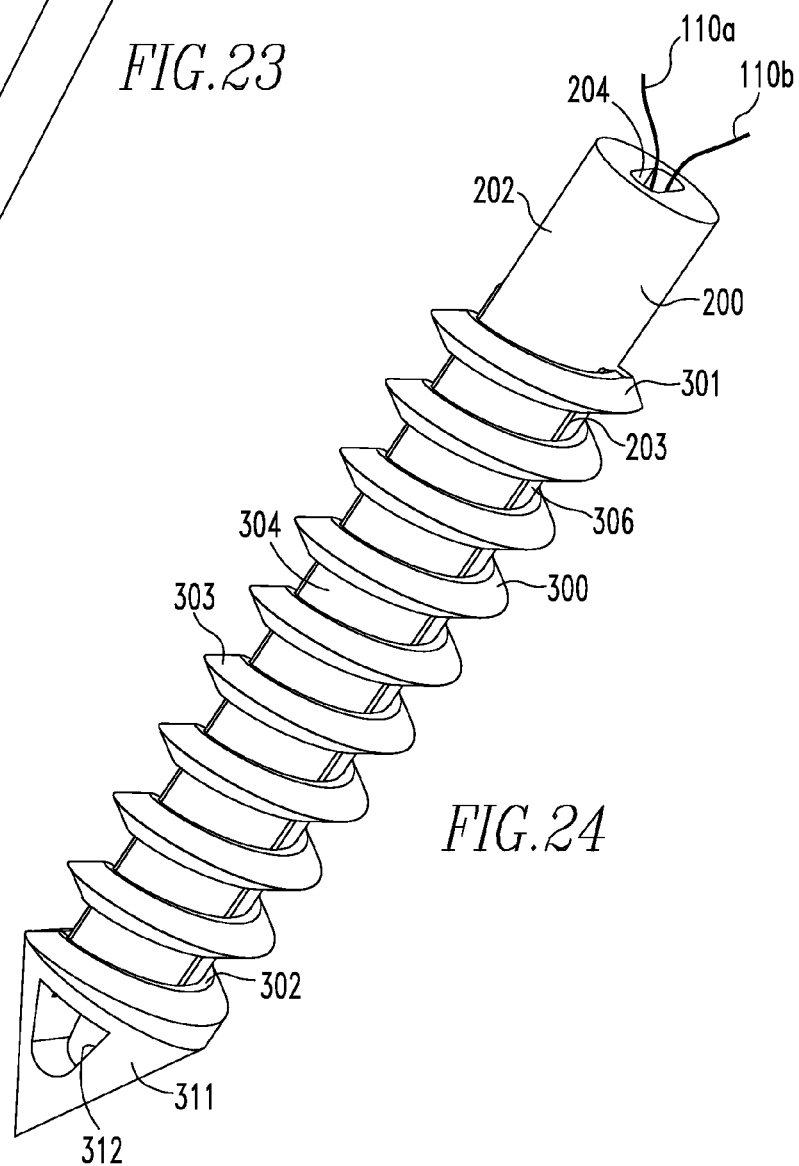
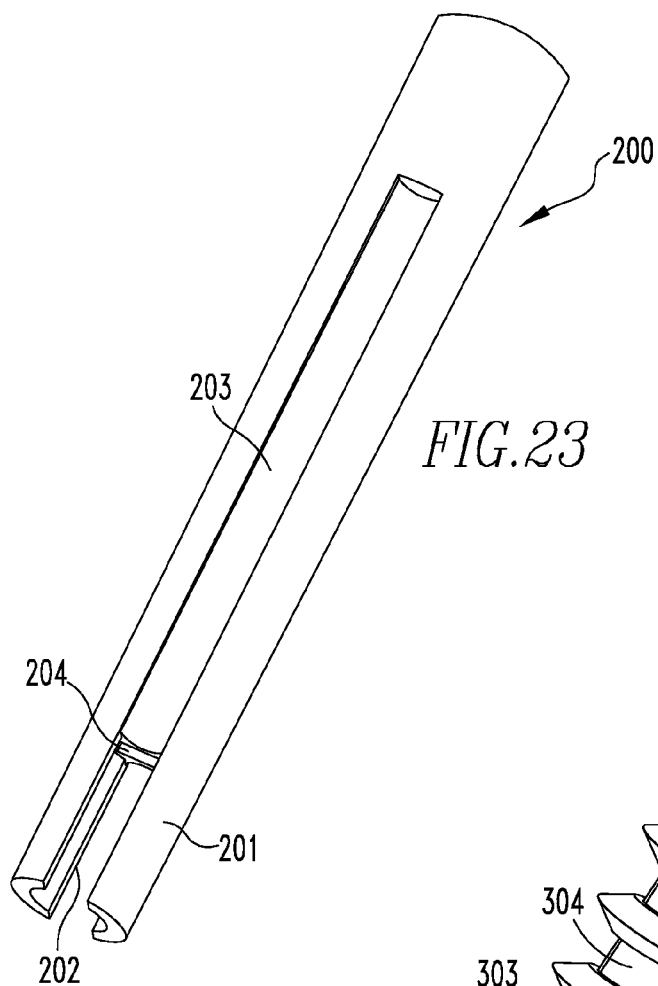


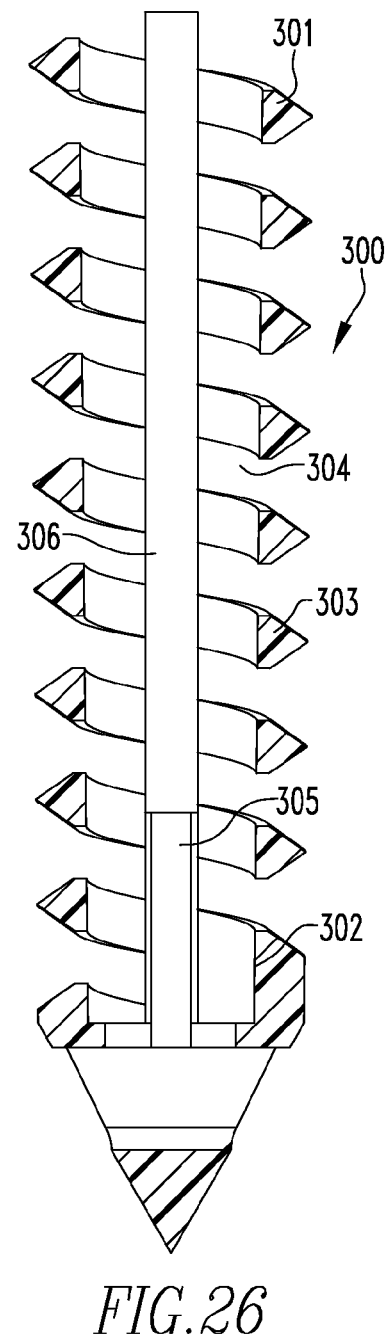
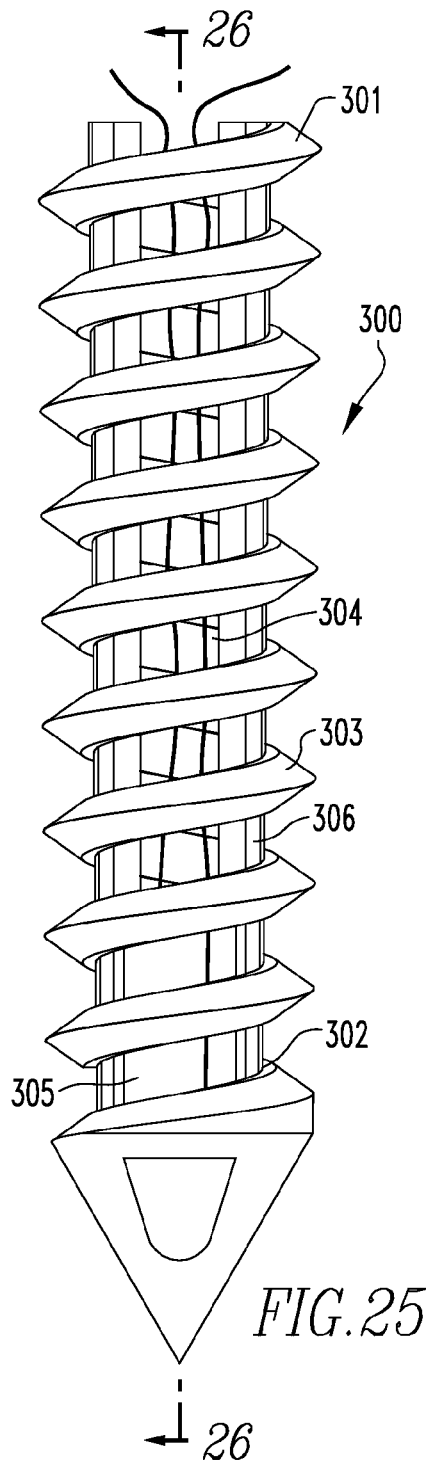


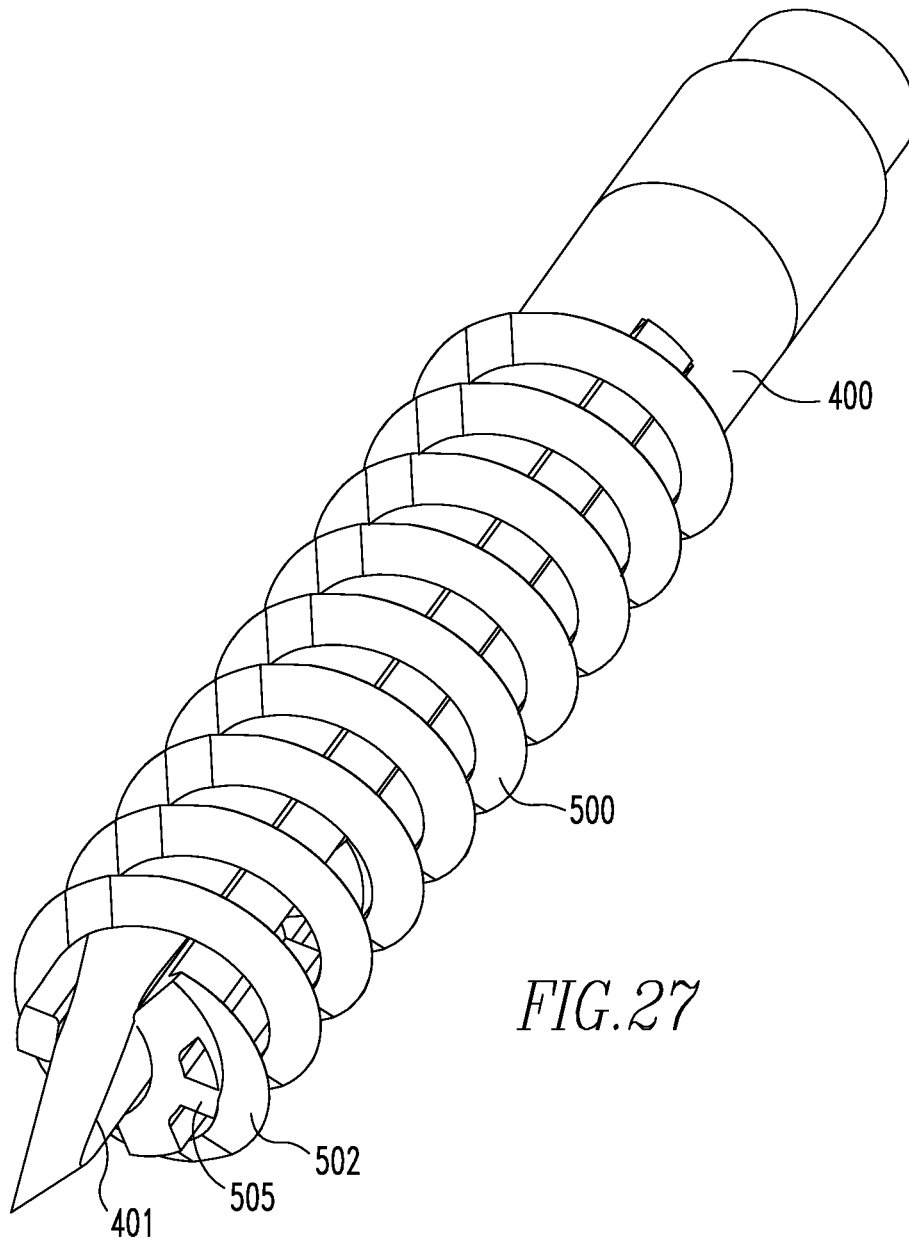












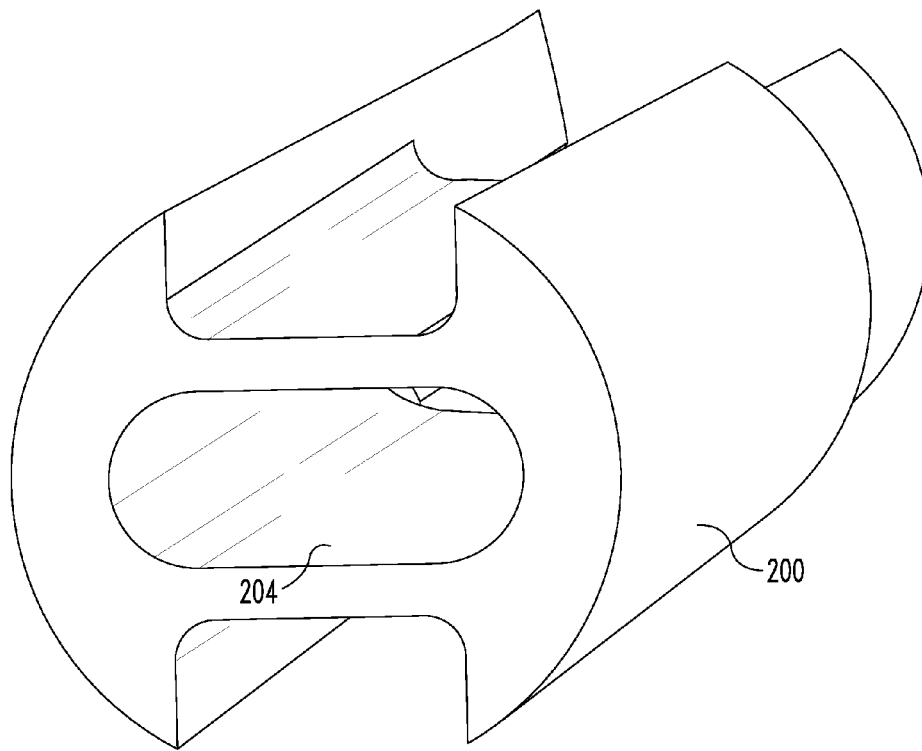
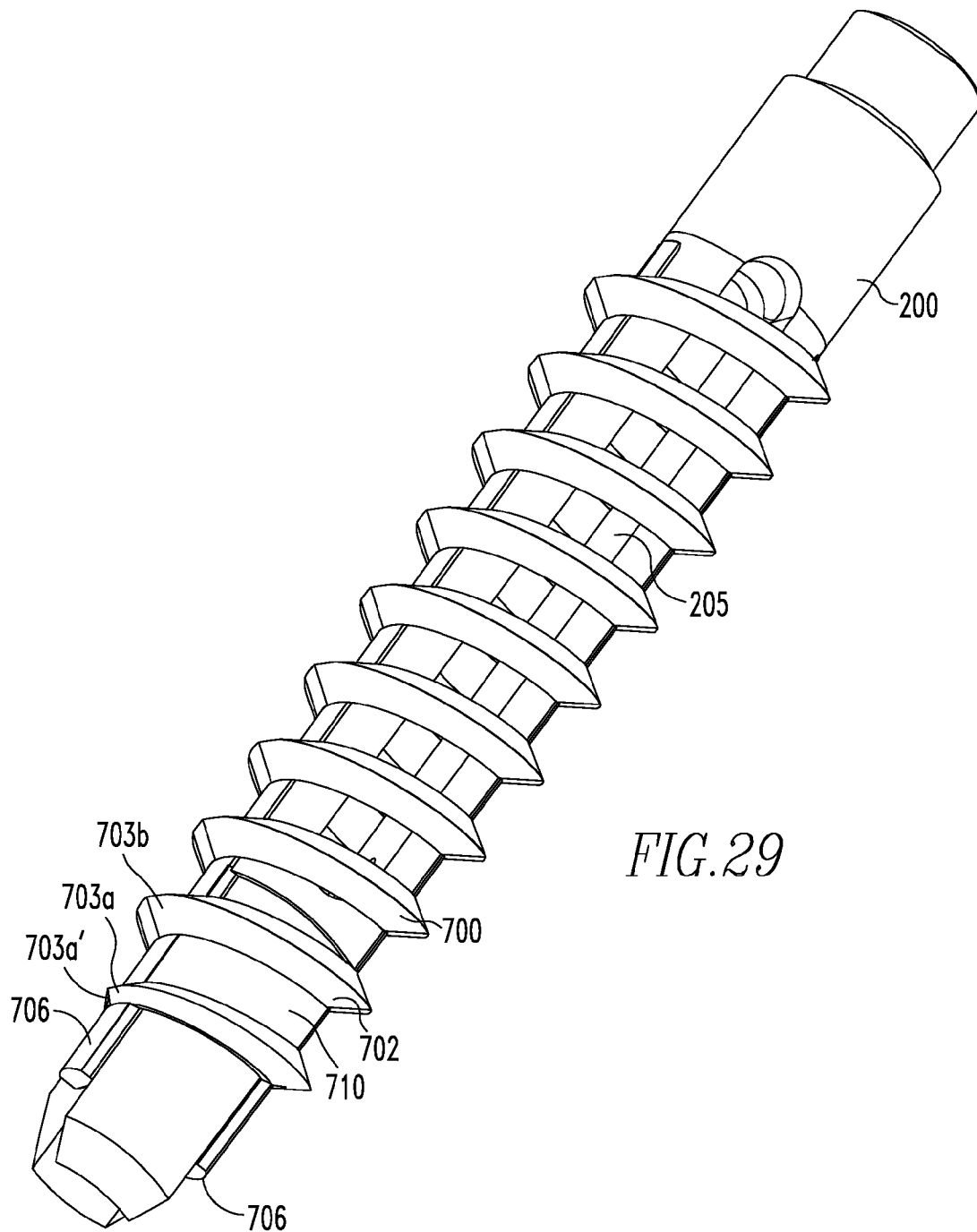


FIG. 28



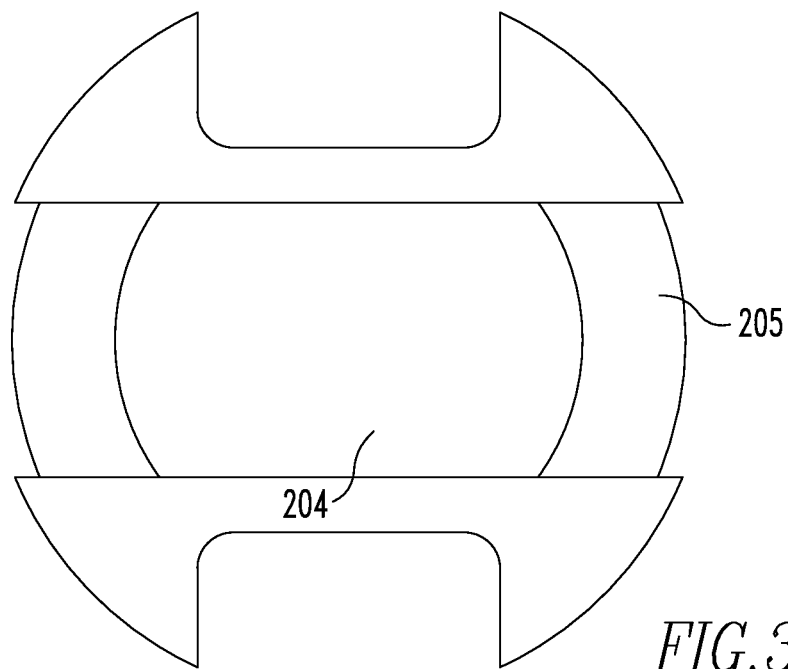
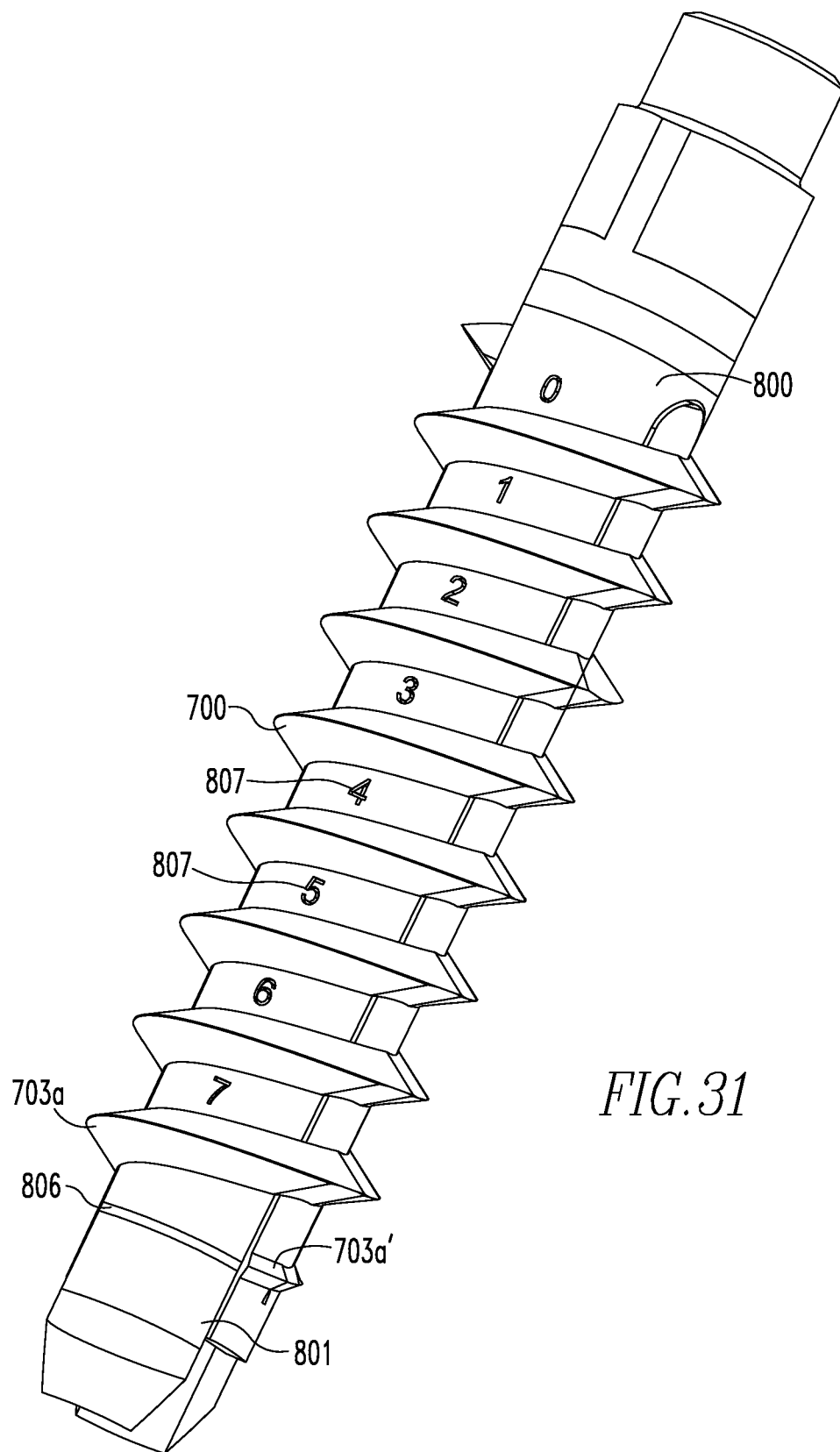


FIG. 30



COMPOSITE INTERFERENCE SCREWS AND DRIVERS

CROSS-REFERENCE TO RELATED APPLICATIONS

This application is a continuation-in-part patent application claiming priority to U.S. Patent Application Ser. No. 61/451,644, filed Mar. 11, 2011, U.S. Patent Application Ser. No. 61/451,731, filed on Mar. 11, 2011, U.S. Patent Application Ser. No. 61/451,736, filed Mar. 11, 2011, U.S. Patent Application Ser. No. 61/451,743, filed on Mar. 11, 2011, and Ser. No. 13/044,777, filed on Mar. 10, 2011, which claims priority to U.S. Patent Application Ser. No. 61/312,291, filed on Mar. 10, 2010, U.S. Patent Application Ser. No. 61/334,808, filed on May 14, 2010, and U.S. Patent Application Ser. No. 61/359,080, filed on Jun. 28, 2010, the disclosures of which are incorporated herein by reference in their entireties.

BACKGROUND

1. Field of Technology

The present disclosure relates to medical apparatuses and procedures in general, and more particularly to medical apparatuses and procedures for reconstructing a ligament.

2. Related Art

In many cases, ligaments are torn or ruptured as the result of an accident. Accordingly, various procedures have been developed to repair or replace such damaged ligaments.

For example, in the human knee, the anterior and posterior cruciate ligaments (i.e., the "ACL" and "PCL") extend between the top end of the tibia and the bottom end of the femur. Often, the anterior cruciate ligament (i.e., the ACL) is ruptured or torn as the result of, for example, a sports-related injury. Consequently, various surgical procedures have been developed for reconstructing the ACL so as to restore substantially normal function to the knee.

In many instances, the ACL may be reconstructed by replacing the ruptured ACL with a graft ligament. More particularly, in such a procedure, bone tunnels are generally formed in both the top of the tibia and the bottom of the femur, with one end of the graft ligament being positioned in the femoral tunnel and the other end of the graft ligament being positioned in the tibial tunnel, and with the intermediate portion of the graft ligament spanning the distance between the bottom of the femur and the top of the tibia. The two ends of the graft ligament are anchored in their respective bone tunnels in various ways well known in the art so that the graft ligament extends between the bottom end of the femur and the top end of the tibia in substantially the same way, and with substantially the same function, as the original ACL. This graft ligament then cooperates with the surrounding anatomical structures so as to restore substantially normal function to the knee.

In some circumstances, the graft ligament may be a ligament or tendon which is harvested from elsewhere within the patient's body, e.g., a patella tendon with or without bone blocks attached, a semitendinosus tendon and/or a gracilis tendon.

As noted above, various approaches are well known in the art for anchoring the two ends of the graft ligament in the femoral and tibial bone tunnels.

In one well-known procedure, which may be applied to femoral fixation, tibial fixation, or both, the end of the graft ligament is placed in the bone tunnel, and then the graft ligament is fixed in place using a headless orthopedic screw, generally known in the art as an "interference" screw. More

particularly, with this approach, the end of the graft ligament is placed in the bone tunnel and then the interference screw is advanced into the bone tunnel so that the interference screw extends parallel to the bone tunnel and simultaneously engages both the graft ligament and the side wall of the bone tunnel. In this arrangement, the interference screw essentially drives the graft ligament laterally, into engagement with the opposing side wall of the bone tunnel, whereby to secure the graft ligament to the host bone with a so-called "interference fit". Thereafter, over time (e.g., several months), the graft ligament and the host bone grow together at their points of contact so as to provide a strong, natural joinder between the ligament and the bone.

Interference screws have proven to be an effective means for securing a graft ligament in a bone tunnel. However, the interference screw itself generally takes up a substantial amount of space within the bone tunnel, which can limit the surface area contact established between the graft ligament and the side wall of the bone tunnel. This in turn limits the region of bone-to-ligament in-growth, and hence can affect the strength of the joinder. By way of example but not limitation, it has been estimated that the typical interference screw obstructs about 50% of the potential bone-to-ligament integration region.

For this reason, substantial efforts have been made to provide interference screws fabricated from absorbable materials, so that the interference screw can eventually disappear over time and bone-to-ligament in-growth can take place about the entire perimeter of the bone tunnel. To this end, various absorbable interference screws have been developed which are made from biocompatible, bioabsorbable polymers, e.g., polylactic acid (PLA), polyglycolic acid (PGA), etc. These polymers generally provide the substantial mechanical strength needed to advance the interference screw into position, and to thereafter hold the graft ligament in position while bone-to-ligament in-growth occurs, without remaining in position on a permanent basis.

In general, interference screws made from such biocompatible, bioabsorbable polymers have proven clinically successful. However, these absorbable interference screws still suffer from several disadvantages. First, clinical evidence suggests that the quality of the bone-to-ligament in-growth is somewhat different than natural bone-to-ligament in-growth, in the sense that the aforementioned bioabsorbable polymers tend to be replaced by a fibrous mass rather than a well-ordered tissue matrix. Second, clinical evidence suggests that absorption generally takes a substantial period of time, e.g., on the order of three years or so. Thus, during this absorption time, the bone-to-ligament in-growth is still significantly limited by the presence of the interference screw. Third, clinical evidence suggests that, for many patients, absorption is never complete, leaving a substantial foreign mass remaining within the body. This problem is exacerbated somewhat by the fact that absorbable interference screws generally tend to be fairly large in order to provide them with adequate strength, e.g., it is common for an interference screw to have a diameter (i.e., an outer diameter) of 8-12 mm and a length of 20-25 mm.

Thus, there is a need for a new and improved interference fixation system which (i) has the strength needed to hold the graft ligament in position while bone-to-ligament in-growth occurs, and (ii) promotes superior bone-to-ligament in-growth.

SUMMARY

In one aspect, the present disclosure relates to a delivery device and screw combination. The combination includes a

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delivery device comprising a handle and a shaft coupled to the handle, the shaft including a proximal end, a distal end, a non-circular cannulation, and markings along a length of the shaft; an interference screw coupled to the delivery device comprising a proximal end and a distal end, the screw including threads extending in an open helical form from the proximal end to the distal end, a suture bridge located at a distal end of the screw and housed within a slot of the delivery device shaft, and a plurality of runners extending longitudinally along an interior of the screw, the runners housed within grooves of the delivery device shaft; and a suture disposed around the suture bridge, ends of the suture extending through the cannulation of the delivery device shaft.

Further areas of applicability of the present disclosure will become apparent from the detailed description provided hereinafter. It should be understood that the detailed description and specific examples, while indicating the preferred embodiment of the disclosure, are intended for purposes of illustration only and are not intended to limit the scope of the disclosure.

BRIEF DESCRIPTION OF THE DRAWINGS

The accompanying drawings, which are incorporated in and form a part of the specification, illustrate the embodiments of the present disclosure and together with the written description serve to explain the principles, characteristics, and features of the disclosure. In the drawings:

FIG. 1 shows a first embodiment of the delivery device of the present disclosure.

FIG. 2 shows a side view of the shaft of the delivery device of FIG. 1.

FIG. 2A shows an exploded view of the distal end of the shaft of FIG. 2.

FIG. 3 shows a cross-sectional view of the shaft of FIG. 2.

FIG. 4 shows a front view of the distal end of the shaft of FIG. 2.

FIG. 5 shows an isometric view of the screw for use with the shaft of FIG. 2.

FIG. 6 shows a side view of the screw of FIG. 5.

FIG. 7 shows a cross-sectional view of the screw of FIG. 6.

FIG. 8 shows a second embodiment of a shaft of the present disclosure.

FIG. 9 shows a side view of the inner member of the shaft of FIG. 8.

FIG. 9A shows an exploded view of the distal end of the inner member of FIG. 9.

FIG. 10 shows a cross-sectional view of the inner member of the shaft of FIG. 9.

FIG. 11 shows a front view of the distal end of the inner member of FIG. 9.

FIG. 12 shows an isometric view of the outer member of the shaft of FIG. 8.

FIG. 13 shows a cross-sectional view of the outer member of FIG. 12.

FIGS. 14 and 15 show side views of the shaft of FIG. 8 with the outer member in different positions.

FIG. 16 shows an isometric view of a third embodiment of a shaft of the present disclosure and a screw for use with the shaft.

FIG. 17 shows an isometric view of the shaft of FIG. 16.

FIG. 18 shows an isometric view of the screw of FIG. 16.

FIG. 19 shows a side view of the screw of FIG. 16.

FIG. 20 shows a cross-sectional view of the screw of FIG. 19.

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FIG. 21 shows an isometric view of a fourth embodiment of a shaft of the present disclosure and a screw for use with the shaft.

FIG. 22 shows an isometric view of the screw of FIG. 21.

FIG. 23 shows an isometric view of the shaft of FIG. 21. FIG. 24 shows an isometric view of the shaft of FIG. 21 and an alternative screw for use with the shaft.

FIG. 25 shows a side view of the screw of FIG. 24.

FIG. 26 shows a cross-sectional view of the screw of FIG. 24.

FIG. 27 shows an isometric view of a fifth embodiment of a shaft of the present disclosure and a screw for use with the shaft.

FIG. 28 shows a cross-sectional view of the shaft of FIG. 27.

FIG. 29 shows an isometric view of a sixth embodiment of a shaft of the present disclosure and a screw for use with the shaft.

FIG. 30 shows a cross sectional view of the shaft of FIG. 29.

FIG. 31 shows an isometric view of a seventh embodiment of a shaft of the present disclosure and a screw for use with the shaft.

DETAILED DESCRIPTION OF THE EMBODIMENTS

The following description of the preferred embodiment(s) is merely exemplary in nature and is in no way intended to limit the disclosure, its application, or uses.

FIG. 1 shows a first embodiment of the delivery device 10 of the present disclosure. The device 10 includes a handle assembly 11 and a shaft 12 coupled to the handle assembly 11. The handle assembly 11 includes a handle 11a and a connector 11b coupled to the handle 11a. The connector 11b has a channel 11b' and an opening 11b" to the channel 11b'. The opening 11b" is in the shape of a "D". A proximal end 12a of the shaft 12 is disposed within the channel 11b'.

FIGS. 2, 2A, and 3-4 show the shaft 12. The shaft 12 includes a proximal end 12a and a distal end 12b. The proximal end 12a is in the shape of a "D" to match the shape of the opening 11b". The distal end 12b includes threads 12c, grooves 12d, and a depth stop 12e. The grooves 12d extend a partial length of the shaft 12 and intersect the threads 12c. The depth stop 12e is for use with a depth stop on a screw that the device 10 is used to implant into a bone tunnel during ligament reconstruction surgery.

FIGS. 5-7 show the screw 20 for use with the delivery device 10 of the present disclosure. The screw 20 includes a proximal end 21 and a distal end 22. A majority of the screw 20 includes screw threads 23 in the form of an open helical coil, i.e. a connected series of continuous regularly spaced turns extending in a helical or spiral form substantially from the proximal end 21 to the distal end 22 with apertures 24 being defined by the space between the turns of the coil. In other words, interference screw 20 may include an open helical coil defining an internal volume, with the internal volume communicating with the region exterior to the open helical coil through the spacing between the turns of the open helical coil. The distal end 22 also includes a depth stop 25 that extends a partial length of the screw 20. The depth stop 25 includes a proximal end 25a and a distal end 25b. Additionally, a plurality of longitudinally-extending runners 26 extend along the interior of the screw threads 23.

The distal end 12b of the shaft 12 is placed within the interior of the screw 20, via the opening 27, until the proximal end 25a of the depth stop 25 engages the depth stop 12e of the

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shaft 12. During insertion of the shaft 12 into the screw 20, the runners 26 engage the grooves 12d and become housed within the grooves 12d. As shown in FIG. 1, the distal end 12b of the shaft 12 also includes hash marks 12f, each of which is associated with a number 12g. Once the screw 20 is placed on the shaft 12, the proximal end 21 of the screw 20 aligns with one of the hash marks/numbers 12f, thereby indicating the length of the screw 20.

FIGS. 8, 9-9A, and 10-15 show an alternative shaft 30 of the present disclosure. The shaft 30 includes an inner member 31 and an outer member 32 disposed over the inner member 31. The proximal end 31a of the inner member 31 is similar in shape to the proximal end 12a of the shaft 12. The distal end 31b of the inner member 31 includes threads 31c. Grooves 31d extend along the member 31 and intersect the threads 31c. Additionally, threads 31e are located between the proximal and distal ends 31a, 31b of the member 31. The outer member 32 includes a first section 32a and a second section 32b. The first section 32a has a larger diameter than the second section 32b. The first section 32a also includes threads 32c on an inner wall 32d of the outer member 32.

Once the outer member 32 is disposed over the inner member 31, threads 32c engage threads 31e to move the outer member 32 relative to the inner member 31. Moving the outer member 32 relative to the inner member 31 allows for more or less of the distal end 31b of the inner member 31 to be shown. Similar to the distal end 12b of the shaft 12, the distal end 31b of inner member 31 includes hash marks/numbers (not shown) that align with an end 32b' of the second section 32b, thereby indicating a length of screw 40 that will be disposed on the distal end 31b of the inner member 31. As shown in FIGS. 14 and 15, the outer member 32 is located at different positions along the length of the inner member 31 to allow for screws 40 of different lengths to be loaded on the distal end 31b of the inner member 31.

A handle assembly, similar to the handle assembly 11, is coupled to the proximal end 31a of the inner member 31. Similar to screw 20, screw 40 includes a proximal end 41 and a distal end 42. The screw 40 includes screw threads 43 in the form of an open helical coil having an interior and a plurality of longitudinally-extending runners 45 extending along the interior of the screw threads 43. Screw 40 is more fully described in United States Patent Application Publication No. 20080154314, the disclosure of which is incorporated herein by reference in its entirety. Once the outer member 32 has been moved to indicate the screw length, the screw 40 is loaded onto the distal end 31b, such that a proximal end 41 of the screw 40 engages the end 32b' and the runners 45 engage the grooves 31d and become housed within the grooves 31d.

FIGS. 16-20 show another alternative embodiment of the shaft 50 and screw 60 of the present disclosure. The shaft 50 includes a first portion 51 including a proximal end 51a and a distal end 51b and a second portion 52 including a first area 52a and a second area 52b. The proximal end 51a is configured to be coupled to a handle assembly, similar to the handle assembly 11. However, other handle assemblies may be used. The first area 52a has a smaller diameter than the first portion 51, such that a first depth stop 51b' exists at the distal end 51b of the first portion 51. The second area 52b has a smaller diameter than the first area 52a such that a second depth stop 52c exists between the first area 52a and the second area 52b. An end 52b' of the second area 52b is tapered to allow for easier insertion of the anchor 60 into a bone during ligament reconstruction surgery, as will be further described below. The second portion 52 also includes grooves 53 extending between the first and second areas 52a, 52b. For the purposes

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of this disclosure, there are three grooves 53. However, the second portion 52 may include a higher or lower number of grooves 53.

Similar to screw 20 shown in FIGS. 5-7, screw 60 includes a proximal end 61 and a distal end 62. A majority of the screw 60 includes screw threads 63 in the form of an open helical coil, i.e. a connected series of continuous regularly spaced turns extending in a helical or spiral form substantially from the proximal end 61 to the distal end 62 with apertures 64 being defined by the space between the turns of the coil. In other words, interference screw 60 may include an open helical coil defining an internal volume, with the internal volume communicating with the region exterior to the open helical coil through the spacing between the turns of the open helical coil. The distal end 62 also includes a depth stop 65 that extends a partial length of the screw 60. The depth stop 65 includes a proximal end 65a and a distal end 65b. Unlike the open depth stop 25 of screw 20 most clearly shown in FIG. 5, the depth stop 65 of screw 60 is a closed depth stop, most clearly shown in FIG. 18. Additionally, a plurality of longitudinally-extending runners 66 extend along the interior of the screw threads 63.

The second portion 52 of the shaft 50 is placed within the interior of the screw 60, via the opening 67, until the proximal end 65a of the depth stop 65 engages the second depth stop 52c of the shaft 50. During insertion of the shaft 50 into the screw 60, the runners 66 engage the grooves 53 and become housed within the grooves 53. The screws 60 may be of a variety of lengths. For example, a screw 60 may be of such length that its proximal end 61 would engage the first depth stop 51b'.

As described above, during ligament reconstruction surgery, the end of the graft ligament is placed in the bone tunnel and then the interference screw 20, 40, 60 is advanced into the bone tunnel via the use of shafts 12, 30, 50 so that the interference screw 20, 40, 60 extends parallel to the bone tunnel and simultaneously engages both the graft ligament and the side wall of the bone tunnel. The screws 20, 40, 60 may be used in either the femoral or tibial tunnels. Methods of ligament reconstruction via use of the screws 20, 40, 60 is further shown in the '314 publication shown above.

FIGS. 21-23 show yet another alternative embodiment of the screw 100 and the delivery device 200 of the present disclosure. The screw 100 includes a proximal end 101 and a distal end 102. A majority of the screw 100 includes screw threads 103 in the form of an open helical coil, i.e. a connected series of continuous regularly spaced turns extending in a helical or spiral form substantially from the proximal end 101 to the distal end 102 with apertures 104 being defined by the space between the turns of the coil. In other words, interference screw 100 may include an open helical coil defining an internal volume, with the internal volume communicating with the region exterior to the open helical coil through the spacing between the turns of the open helical coil. The distal end 102 also includes a suture bridge 105 that extends a partial length of the screw 100. The suture bridge 105 includes a proximal end 105a and a distal end 105b. The distal end 105b includes a concave shape. A flexible member 110, such as a suture, is housed within the screw 100, such that the suture 110 extends around the distal end 105b of the bridge 105. Additionally, longitudinally-extending runners 106 extend from the suture bridge 105 and along the interior of the screw threads 103. For the purposes of this disclosure, there are two longitudinally extending runners 106. However, more or less than two runners are within the scope of this disclosure.

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The delivery device **200** includes a distal end **201** having a slot **202** and grooves **203** extending from the slot **202** on each side of the device **200**. As shown in FIG. **21**, the screw **100** is located on the distal end **201** such that the suture bridge **105** is housed within the slot **202** and the runners **106** are housed within the grooves **203**. The delivery device **200** is cannulated, such that when the screw **100** is located on the device **200**, the suture ends **110a, 110b** extend through the cannulation **204**.

FIGS. **24-26** show a screw **300** similar to screw **100**. However, screw **300** additionally includes a pointed tip **311** located on the distal end **302**. The tip **311** includes a through hole **312**. The hole **312** helps in locating the suture **110** within the interior of the screw **300**. As shown in FIG. **24**, the screw **300** is located on the distal end **201** of delivery device **200** such that the suture bridge **305** is housed within the slot **202** and the runners **306** are housed within the grooves **203**. As stated above, the delivery device **200** is cannulated, such that when the screw **300** is located on the device **200**, the suture ends **110a, 110b** extend through the cannulation **204**, as shown in FIG. **24**.

For clarity purposes, only the distal end **201** of the device **200** is shown. However, the device **200** would include a proximal end, similar to the devices above, which may be coupled to a handle assembly, similar to handle assembly **11** above. The screws **100, 300** are used in the repair of soft tissue, specifically to re-attach tissue to bone. One example of this repair is when the screw **100, 300** is delivered into bone via the use of device **200**, the device **200** is removed from screw **100, 300**, the tissue is placed on the bone to be adjacent the screw **100, 300**, the suture ends **110a, 110b** are pulled through the tissue, and then the suture ends **110a, 110b** are tied. A hole may be made in the bone prior to insertion of the screw **100, 300** into the bone. However, screw **300** may be inserted into bone without first making a hole in the bone. In this case, the pointed tip **311** is used to start insertion of the screw **300** into the bone and then rotary motion may be used to complete insertion of the screw **300** into the bone. Other methods of tissue repair via use of these screws and delivery device may also be used.

The distal end **201** of the delivery device **200** may be shaped so as to be able to pierce bone and provide entry of the screw **100** into bone, thereby serving a purpose similar to the pointed tip **311** of screw **300**. The distal end **201** may have an awl shape, may be pointed, or have some other shape that would allow for initiation of screw **100** insertion into the bone without having to use a separate tool.

FIG. **27** shows an alternative embodiment of the delivery device **200** and the screw **100**. The delivery device **400** of FIG. **27** includes a distal end **401** in the form of a single pointed tip. The tip **401** extends beyond the distal end **502** of the screw **500**. The screw **500** is different from screw **100** in the sense that the suture bridge **505** is not centrally located on the screw **500**. Rather, the suture bridge **505** is located laterally or on a side of the screw **500**. Having the suture bridge **505** located laterally allows the delivery device **400** to maintain a solid centrally located tip **401**, rather than the split distal end **201** of delivery device **200**. Similar to screw **100**, suture would extend around the bridge **505** and ends of the suture would extend through a cannulation of the delivery device **400**. Similar to the awl shaped distal end **201** discussed above, the distal end **401** of delivery device **400** also allows for initiation of screw **500** insertion into the bone without having to use a separate tool.

As shown in FIG. **24**, the cannulation **204** of the delivery device **200** is oval-shaped. FIG. **28** shows a cross-sectional view of delivery device **200**, further evidencing the oval-

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shaped cannulation **204**. In order to accommodate the full suture load inside of the cannulation **204**, a non-circular shape, including, but not limited to, an oval shape or a rectangular shape, is used. FIGS. **29** and **30** show an embodiment of the delivery device **200** whereby a longitudinal slot cut **205** is made completely through the device **200**. Having the slot cut **205** also serves the purpose of accommodating a full suture load inside of the cannulation **204**. The slot cut **205** is in an elongated oval shape form for the purposes of FIG. **29**. However, the slot cut **205** could be of any shape, including, without limitation, rectangular shaped. The delivery device **200** is also tapered to be awl shaped, as described above, so as to be able to pierce bone and provide entry of the screw **700** into bone.

FIG. **29** also shows a screw **700** having a distal end **702** with a web **710** located between thread **703a** and thread **703b**. During insertion of the screw **700** into bone, thread **703a** is the first thread to enter the bone. The starting point **703a'** of thread **703a** is engaged with the runner **706**. This small engagement area requires the thread **703a** to very rapidly transition to the full threads proximal to thread **703a**, such as thread **703b**. Without a web **710** between threads **703a** and **703b**, the starting point **703a'** of thread **703a** may disengage from runner **706**. With the starting point **703a'** disengaged from the runner **706**, further rotation of the screw **700** may cause further disengagement of thread **703a** and threads proximal to thread **703a**, such as thread **703b**, to disengage from runners **706**. Therefore, web **710** provides the support needed to substantially reduce the possibility of the threads disengaging from the runners **706**, beginning with the starting point **703a'** of thread **703a**. For the purposes of this disclosure, the web **710** extends between threads **703a** and **703b** and spans about 180 degrees circumferentially around the screw **700** or from one runner **706** to the other runner **706**. It is within the scope of this disclosure for webs, similar to web **710**, to exist between the threads proximal to thread **703b**. It is also within the scope of this disclosure for web **710** to span more or less than 180 degrees circumferentially around the screw **700**. Furthermore, for the purposes of FIG. **29**, the web **710** is solid. However, it is within the scope of this disclosure that the web **710** could be non-solid, including, without limitation, a perforated web.

FIG. **31** shows a delivery device, such as delivery device **800**, including markings **806, 807**. The markings **806, 807** provide feedback to the surgeon as to the insertion progress of the screw **700**. The distal end **801** of the delivery device **800** is tapered to be awl shaped, as described above, so as to be able to pierce bone and provide entry of the screw **700** into bone. Marking **806** is located in-line with the starting point **703a'** of thread **703a** to provide visual feedback to the surgeon during insertion of the screw **700** into bone. For example, the surgeon axially inserts the distal end **801** of the device **800** into bone up to marking **806**. Subsequently, the surgeon rotates the device **800** to insert the screw **700** into the bone. During screw **700** insertion, markings **807** provide feedback on screw **800** insertion progress. As shown in FIG. **31**, markings **807** are numbers that create a countdown sequence. However, types of markings, other than numbers, could be used. While screw **700** is shown as being used with delivery device **800**, screw **100** could also be used with device **800**.

The handle **11a** of handle assembly **11** is made from plastic, however, other non-metal and metal materials may also be used. The shape and size of handle **11a** may be any shape and size necessary to help facilitate insertion of the screw **20** into bone. The coupler **11b** is made from a metal material, such as stainless steel or titanium, but may be made from other metal and non-metal materials that are strong enough to withstand

the forces applied during surgery. The coupler **11b** is press-fit to the handle **11a**, but may be coupled to the handle **11a** in any other manner known to those of skill in the art. The size and shape of the coupler **11b** may be any size and shape necessary to help facilitate insertion of the screw **20** into bone. The channel **11b'** may be any length necessary and the opening **11b''** may be any shape necessary to facilitate coupling of the shaft **12** to the coupler **11b**.

The shaft **12** is made from a metal material, such as stainless steel and titanium, however, other metal and non-metal materials that would withstand the forces applied during surgery may be used. The diameter of the shaft **12** may vary. The proximal end **12a** of the shaft **12** may be any shape necessary to facilitate insertion of the end **12a** through opening **11b''** and into channel **11b'**. The number of threads **12c** and grooves **12d** may vary based on the lengths of the grooves **12d** may also vary. The location of depth stop **12e** may also vary based on the diameter of the shaft **12** and the diameter of the screw **20** that is used. The grooves **12d**, depth stop **12e**, and threads **12c** may be formed by any method known to one of skill in the art.

The screw **20** is made from a polymer material via a molding method. However, other material, which would allow the screw **20** to withstand forces applied during surgery, and other methods of making may be used. The depth stop **25** is open ended and doesn't extend the entire inner diameter of the screw **20**. The amount of screw inner diameter that the depth stop **25** covers may vary and the length of the depth stop **25** may vary based on the diameter of the screw. The number and length of the runners **26** may also vary. Once the screw **20** is located on the shaft **12**, the distal end **12b** of the shaft **12** extends from the distal end **22** of the screw **20**. During insertion of the screw **20** into bone, the threads **12c** create threads in the bone, thereby creating a seat for the screw threads **23**, as described more fully in the '314 publication. The amount of the distal end **12b** of the shaft **12** that extends from the distal end **22** of the screw **20** may vary.

The diameters of the first and second sections **32a, 32b** of outer member **32** may vary and the number of threads **32c** may also vary. The number of threads **31c, 31e** and grooves **31d** may vary and the lengths of the grooves **31d** may also vary. The inner and outer members **31, 32** are made from a metal material, such as stainless steel and titanium, and via a method known to one of skill in the art. However, other materials may also be used. The screw **40** is made from a polymer material via a molding method. However, other material and methods of making may be used. The number and length of the runners **45** may also vary. Once the screw **40** is located on the shaft **30**, the distal end **31b** of the shaft **30** extends from the distal end **42** of the screw **40**. During insertion of the screw **40** into bone, the threads **31c** create threads in the bone, thereby creating a seat for the screw threads **43**, as described more fully in the '314 publication. The amount of the distal end **31b** of the shaft **30** extending from the screw **40** may vary.

The shaft **50** is made from a metal material, such as stainless steel or titanium, but may be made from another metal material or a non-metal material that is strong enough to withstand the force applied to the shaft **50** during surgery. The shaft **50** may be made via a method known to one of skill in the art. The diameters of the first and second portions **51, 52** may vary along with the number and lengths of the grooves **53** and the locations of the depth stops **52c, 51b'** may vary based on the diameter of the screw **60** or other factors. Rather than being tapered, the end **52b'** may be designed in another manner to allow easier insertion of the screw **60** into bone. The screw **60** is made from a polymer material via a molding method. However, other material, which would allow the

screw to withstand the forces applied during surgery, and other methods of making may be used. The number and length of the runners **66** may also vary. Once the screw **60** is located on the shaft **50**, the second portion **52** of the shaft **50** extends from the distal end **62** of the screw **60**. The amount of the second portion **52** extending from the screw **60** may vary. Additionally, the length of the depth stop **65** may also vary based on the diameter of the screw **60** or other factors.

The delivery device **200** is made from a metal material, such as stainless steel or titanium, but may be made from a non-metal material that is strong enough to withstand the forces applied to the device **200** during surgery. The delivery device **200** is made via a method known to one of skill in the art. The screws **100, 300** are made from a polymer material and via a molding process, however, other material, which would allow the screw to withstand the forces applied during surgery, and other processes known to one of skill in the art may be used. The suture bridge **105** may have a distal end **105b** having a shape other than concave and the length of the suture bridge **105**, the slot **202**, and the grooves **203** may vary. The size and the shape of the hole **312** may vary.

As various modifications could be made to the exemplary embodiments, as described above with reference to the corresponding illustrations, without departing from the scope of the disclosure, it is intended that all matter contained in the foregoing description and shown in the accompanying drawings shall be interpreted as illustrative rather than limiting. Thus, the breadth and scope of the present disclosure should not be limited by any of the above-described exemplary embodiments, but should be defined only in accordance with the following claims appended hereto and their equivalents.

What is claimed is:

1. A delivery device and screw combination comprising:

a delivery device comprising a handle and a shaft coupled to the handle, the shaft including a proximal end, a distal end, a non-circular cannulation, and markings along a length of the shaft;

an interference screw coupled to the delivery device comprising a proximal end and a distal end, the screw including threads extending in an open helical form from the proximal end to the distal end, a plurality of runners extending longitudinally along an interior of the screw, the runners housed within grooves of the delivery device shaft, and a suture bridge connected to and extending transversely between distal terminuses of the plurality of runners, the suture bridge housed within a slot of the delivery device shaft; and

a suture disposed around the suture bridge with ends of the suture extending through the cannulation of the delivery device shaft.

2. The delivery device and screw combination of claim 1 wherein the distal end of the delivery device includes the slot and the grooves extending from the slot on either side of the delivery device shaft.

3. The delivery device and screw combination of claim 1 wherein the distal end of the delivery device is split into a first portion and a second portion spaced apart from the first portion by the slot of the delivery device shaft.

4. The delivery device and screw combination of claim 1 wherein the distal end of the delivery device shaft terminates at a cutting edge.

5. The delivery device and screw combination of claim 1 wherein the distal end of the delivery device shaft has an awl shape.

6. The delivery device and screw combination of claim 1 wherein the wherein the distal end of the delivery device shaft extends beyond the distal end of the interference screw.

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7. The delivery device and screw combination of claim 1 wherein the non-circular cannulation is any one of an oval shape and a rectangular shape.

8. The delivery device and screw combination of claim 1 wherein the plurality of runners includes two opposed runners.

9. The delivery device and screw combination of claim 1 wherein the suture bridge includes a distal end with a concave shape.

10. The delivery device and screw combination of claim 1 wherein the suture bridge extends a partial length of the interference screw.

11. The delivery device and screw combination of claim 1 wherein the suture bridge is located to one side of the interference screw.

12. The delivery device and screw combination of claim 1 further comprising a pointed tip extending, distally, from the distal terminuses of the plurality of runners; and a transverse through hole defined by the pointed tip.

13. The delivery device and screw combination of claim 1 further comprising a web extending between adjacent threads at the distal end of the interference screw and spanning any one of 180 degrees, less than 180 degrees, and more than 180 degrees, circumferentially, around the interference screw.

14. The delivery device and screw combination of claim 1 wherein the web is perforated.

15. The delivery device and screw combination of claim 1 further comprising a web extending between adjacent threads at the distal end of the interference screw and spanning between the runners.

16. An interference screw comprising:

threads extending in an open helical form between a proximal end and a distal end of the screw;

a plurality of runners extending longitudinally along an interior of the screw, the runners configured to be housed within grooves of a delivery device shaft; and

a suture bridge connected to and extending transversely between distal terminuses of the plurality of runners, the suture bridge configured to be housed within a slot of the delivery device shaft.

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17. The interference screw of claim 16 wherein the suture bridge includes a distal end with a concave shape.

18. The interference screw of claim 16 wherein the suture bridge extends a partial length of the interference screw.

19. The interference screw of claim 16 further comprising a web extending between adjacent threads at the distal end of the interference screw and spanning any one of 180 degrees, less than 180 degrees, and more than 180 degrees, circumferentially, around the interference screw.

20. A method comprising:

providing delivery device and screw combination comprising:

a delivery device comprising a handle and a shaft coupled to the handle, the shaft including a proximal end, a distal end, a non-circular cannulation, and markings along a length of the shaft;

an interference screw coupled to the delivery device comprising a proximal end and a distal end, the screw including threads extending in an open helical form from the proximal end to the distal end, a plurality of runners extending longitudinally along an interior of the screw, the runners housed within grooves of the delivery device shaft, and a suture bridge connected to and extending transversely between distal terminuses of the plurality of runners, the suture bridge housed within a slot of the delivery device shaft; and

a suture disposed around the suture bridge with ends of the suture extending through the cannulation of the delivery device shaft;

inserting the interference screw into bone using the delivery device;

removing the delivery device from the inserted interference screw;

placing tissue on the bone and adjacent to the interference screw;

pulling at least one of the suture ends through the tissue; and

tying the suture ends into a knot to attach the tissue to the bone.

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